



North Coastal San Diego County

Volunteer Application

Name _____

Address _____

City, State, Zip _____

Phone (____) _____ Best time of day to call: A.M. P.M.

E-mail _____

I wish to serve as a volunteer in the following area(s):

- | | |
|---|---|
| <input type="checkbox"/> Advocacy and action | <input type="checkbox"/> Newsletter |
| <input type="checkbox"/> Government relations | <input type="checkbox"/> Public education |
| <input type="checkbox"/> Client activities | <input type="checkbox"/> Hospitality |
| <input type="checkbox"/> Office staff | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Share & Care facilitator | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Police liaison | <input type="checkbox"/> Telephoning |
| <input type="checkbox"/> Ways and means | <input type="checkbox"/> Membership |
| <input type="checkbox"/> Programs | <input type="checkbox"/> Fund raising |

Have you attended a Family-to-Family class? Yes No