

Volunteerism Application Form

This form is for individuals wanting to support CEC by getting involved through volunteerism. Please fill out the form completely. The completion of this form is required before moving forward in the volunteer process at CEC.

Once this form has been completed and sent to our volunteer coordinator, Jessica Rapoza, she will contact you with more information on volunteering at CEC such as the volunteer opportunities currently available, descriptions of those opportunities, documents needing to be completed, and to schedule an introduction meeting.

* Required

1. Email *

2. First and Last Name

3. Preferred Name and Pronouns

4. Primary Address *

5. Primary Phone Number *

6. Current Occupation and Workplace (If unemployed, please put N/A. If you are a student, please put "student") *

7. Do You Have Prior Volunteer Experience? *

Mark only one oval.

Yes

No

8. If You Answered "Yes" To The Question Above, Where Was Your Past Volunteer Experience Done and What Were Your Tasks?

9. Are You In Need Of Required/Requested Volunteer Hours? *

Mark only one oval.

Yes

No

10. If You Answered "Yes" To The Question Above, How Many Hours Are Needed and Who Requested It?

11. Did You Read The Volunteer Information Provided On Our Website? If Your Answer *
Is No, Please Visit cecwecare.org And Review The Information located in the
"Volunteer" Tab under "Get Involved" Page.

Mark only one oval.

Yes

No

12. To Verify You Read The Information On Our Site, Please Answer This Question: *
What Phone Line Does CEC Request You Use For Personal Calls In The Office?

13. How Often Would You Like To Be Contacted To Volunteer? *

Mark only one oval.

Once A Month

More Than Once A Month (For Opportunities With More Frequent Days)

1-2 Times A Year

3-5 Times A Year

Only For Special Events/Fundraisers

Other: _____

14. What Days/Times Would Be Preferred To Contact You? *

Check all that apply.

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Mornings 9 am - 12 pm
- Afternoons 12 pm - 3 pm
- Other: _____

15. Do You Have Any Restrictions We Need To Be Advised Of? *

Mark only one oval.

- Yes
- No

16. What Volunteer Opportunities Are You Interest In At CEC? *

Check all that apply.

- Serenity Garden Maintenance
- General Administrative Tasks
- Fundraising/Special Events
- Data Entry
- CEC Clean Up
- Other: _____

17. Please Provide Your First and Last Name. Providing Your Name As A Digital Signature Means That You Have Completed This Form. This Digital Signature Indicates That You Agree To and Understand The Information Provided On Our Website, and Are Willing To Be Contact For Volunteer Opportunities.

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