

PCDC Volunteer Application Form

First Name: _____

Last Name: _____

Street Address 1 _____

Street Address 2 _____

City _____

State _____

Zip Code _____

Email _____

Home Phone _____

Work Phone _____ Ext. _____

Fax Number _____

Qualification _____

Affiliation _____

Reference(s)	Name	Phone
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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How did you hear about us? _____

Do you want to join our mailing list? _____ Yes _____ No

Preferred way of contact: _____ Email _____ Mail _____ Phone

Areas of Volunteer Interest _____ Filing _____ Fund raising _____ Data entry
_____ Typing _____ Public relations _____ Computer support
_____ Translation _____ Public speaking _____ Newsletter editing
_____ Office work _____ Consulting _____ Website maintenance
_____ Other

Thank you so much for your interest in becoming a PCDC volunteer!

Signature _____ **Date** _____

By signing the form, you declare that you have read the agreement above and agree with it, that the information you have submitted is true and accurate and that, in good faith, you would like to work as a volunteer.

Please read carefully before submitting this form:

In connection with your volunteer form, we may contact references and review any information you have provided and use any information obtained for the purpose of evaluating your suitability as a volunteer for PCDC. If for any reason, we deem that you or your background is not a suitable match, we will notify you promptly.