



Cops 'n' Kids Volunteer Application - Minor

Delaware Valley

E-mail completed application to: mfauker@gmail.com

Volunteer's Name: _____

Volunteer's Address: _____

Volunteer's Telephone Number: _____

Volunteer's E-Mail address: _____

How did you learn about Cops 'n' Kids Delaware Valley?

Please check the volunteer activities you are most interested in:

- | | |
|---|--|
| <input type="checkbox"/> Book labeling/sorting/storing | <input type="checkbox"/> Community engagement/events |
| <input type="checkbox"/> Reading/storytelling in classrooms | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Book drives | <input type="checkbox"/> Book distribution |
| <input type="checkbox"/> Administrative/technology support | <input type="checkbox"/> Publicity/marketing |
-

When are you available to volunteer?

- Weekdays ___morning ___afternoon ___evening
List days available ___Monday ___Tuesday ___Wednesday ___Thursday ___Friday
- Weekends ___morning ___afternoon

What school do you attend? _____ Grade: _____

Graduation Year: _____

How will you get to volunteer activities?

___ Drive ___ Bus ___ Walk ___ Parent ___ Other

Parental Consent

All volunteers agree to allow sponsoring organizations to use their image in publicity for future Cops 'n' Kids Delaware Valley events.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian name: _____

Parent/Guardian Contact Information: Phone number _____