



Delaware Valley

VOLUNTEER INFORMATION SHEET

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 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 |

**Volunteers working directly with children without their parents' presence will require a background check and clearances. Information will be provided.*

What days and times are usually best for you?

Weekdays: Morning Afternoon Evening

Weekends: Morning Afternoon Evening

Are there any days and times that you are NOT usually available:

Emergency Contact Information (*optional*):

Name: _____ Phone Number: _____

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

Save completed application as PDF and email to: mfauker@gmail.com