



# VOLUNTEER INFORMATION SHEET - Minor

Delaware Valley

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Volunteer's Name: \_\_\_\_\_

Volunteer's Address: \_\_\_\_\_

Volunteer's Telephone Number: \_\_\_\_\_

Volunteer's E-Mail address: \_\_\_\_\_

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

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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         |

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When are you available to volunteer?

Weekdays:       Morning       Afternoon       Evening

Weekends:       Morning       Afternoon       Evening

What school do you attend? \_\_\_\_\_ Grade: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

How will you get to volunteer activities?

- Drive    Bus    Walk    Parent    Other \_\_\_\_\_

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## 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 \_\_\_\_\_

Save completed application as PDF and email to: [mfauker@gmail.com](mailto:mfauker@gmail.com)