

Cape Fear Volunteer Center

Register as a Volunteer

Title _____ First Name _____ Last Name _____

Address _____

City _____ Zip Code: _____

County _____ Phone _____

Fax _____ Mobile _____

Work _____ Preferred EMail _____

Do you have dependable transportation? Yes No

When will you be available to begin volunteering? _____

How many hours a week will you be available? _____

Food Lion MVP# (12 Digits) _____ Birthday _____

STATISTICAL INFORMATION

Gender _____ Race _____

How did you hear about us? _____

Why are you volunteering? _____

Ever volunteer before? _____

Employment Status _____

AREA OF INTEREST

Healthy Families _____

Basic Needs _____

Seniors _____

Youth Development _____

SKILLS

Office skills _____

Financial/Budget _____

Marketing _____

Human Services _____