

2018 Volunteer Registration Form

A letter of confirmation will be sent to you with team assignment(s)

COMPANY/ORGANIZATION NAME							
Addr	ess						
City/	State/Zip						
COM	MPANYCOORDI	NATOR					
Title							
	ress (if different fro						
Day l	Phone()	Evening	g Phone()	E	mail		
Num	ber of volunteers:-						
Num	ber of t-shirts:	M	L	XL	XXL	XXXL	
Our employees prefer to work together in the same location We're willing to work in smaller groups at different locations if needed We would like to work with the following specific agency if possible: Note: Because the volume of company requests may exceed our pool of viable projects at specific agencies, matches will be arranged on a first-come, first-served basis. We will make every effort to accommodate your project request.							
Project Type Preference (please indicate top two choices): Whatever is neededOffice work or computer trainingDirect client interaction							
Can	ou marked "hands- your company/orga es", please indicate	anization help	provide supplies	s for your CCD	project?	Yes	No
Spec	ial Skills (please in _Carpentry _Art		any special skill Sewing Computer Traini	D): ata Entry ther (please list)		ounting