



We give help, you give hope

VOLUNTEER REGISTRATION

Date _____

Name _____

Birthday _____
Month Day Year (Optional)

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____

Work Phone (Optional) _____ Ext. _____

Cell Phone _____

Company You Work For (Optional)

Would you prefer to work at home as a Santa Sew Program Volunteer? _____

Would you like to help with projects or events at the CARH Office? _____

Help with gift deliveries? _____

Help with local CARH Seasonal Events? _____

Days Available _____ Hours _____

How did you hear about CARH?

Have you ever done volunteer work before? _____

If so, where? _____

What type (s) of volunteer work did you do?

Community Assistance for the Retarded and Handicapped, Inc.

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