



**CHILD AND FAMILY
SERVICES VOLUNTEER
APPLICATION**

PERSONAL INFORMATION

Full Name

Mailing Address (Street, City, State, Zip)

Email Address

Mobile Phone

Home Phone

Are you currently a CCAA family?

Yes No

Are you a community volunteer?

Yes No

Date You Can Start _____ Hours Per Month You Would Like to Volunteer _____

Email completed forms to: mail@cornerstonecaa.org

ADDITIONAL SKILLS

Do you have any special skills, experience, and/or training that would like to share?

Computer Skills (please describe): _____

Photo Release: I hereby give my permission to CCAA for the use of my name and photograph for a variety of purposes, including but not limited to, the CCAA newsletter, website and press releases.

Background Check: I hereby acknowledge that some stations may require a background check and I give my permission for these checks to be conducted.

Applicant Signature: _____ *Date:* _____

