



## AVAILABILITY & SKILLS

I am interested in volunteering on the following basis:

Days: MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

Hours: \_\_\_\_\_

Please indicate your interest in any of the following:

- |  |   |  |  |  |
|--|---|--|--|--|
| <input type="checkbox"/> Driving         | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Home Repair     | <input type="checkbox"/> Business          |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Gardening      | <input type="checkbox"/> Public Safety | <input type="checkbox"/> Writing/Editing | <input type="checkbox"/> Friendly Visitor  |
| <input type="checkbox"/> Art             | <input type="checkbox"/> Marketing      | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Graphic Design  | <input type="checkbox"/> Physical Labor    |
| <input type="checkbox"/> Financial       | <input type="checkbox"/> Research       | <input type="checkbox"/> Computers     | <input type="checkbox"/> Organizing      | <input type="checkbox"/> Personal Shopping |
| <input type="checkbox"/> Technology      | <input type="checkbox"/> Legal          | <input type="checkbox"/> Web Design    | <input type="checkbox"/> Medical         | <input type="checkbox"/> Social Work       |

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about Del Mar Community Connections?

- |                                    |                                     |                                   |                                    |                                   |
|------------------------------------|-------------------------------------|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Friend*   | <input type="checkbox"/> Newspaper* | <input type="checkbox"/> Facebook | <input type="checkbox"/> DMCC Mail | <input type="checkbox"/> Website* |
| <input type="checkbox"/> Referral* | <input type="checkbox"/> Other*     |                                   |                                    |                                   |

\*Please Specify Source: \_\_\_\_\_

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_