



# C-Angel Volunteer Application Form

Interested in becoming a Crawford's Angel? Please complete the below application form. Once completed, click on the above "submit" button.

## Contact Information

First Name:		Last Name:	
Address 1:		Address2:	
City:	State:	Zip Code:	
Contact #1:	Type:	Contact #2:	Type:
E-mail address:		Are you 18 years or older?	

*\*Volunteers under the age of 18 will require a parent's approval.*

## Tell Us About Yourself

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## Skills *(check all that apply)*

<input type="checkbox"/>	Event Planning/Fundraising	<input type="checkbox"/>	Web/Graphic Designer
<input type="checkbox"/>	Grant-writing	<input type="checkbox"/>	Professional Video/Photography
<input type="checkbox"/>	Entertainment	<input type="checkbox"/>	Marketing
<input type="checkbox"/>	Media	<input type="checkbox"/>	Attorney <i>(specialty non-profit)</i>
<input type="checkbox"/>	Audio Visual	<input type="checkbox"/>	Other
Explain Other:			

**Availability** *(please indicate when you are available)*

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Comment
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Short Notice:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Once a Week:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Signature:

Date: