

## Volunteer Interest Form

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

How would you like us to contact you?    Email                       Phone

### Availability

Please check all that apply.

On Call                       Weekly                       evenings and/or weekends                       weekdays

What date would you like to start? \_\_\_\_\_

### Interests

On the lines below, please describe any specific interests or experiences that you feel would influence your work with us.

---

---

---

---

**for questions or more information:**

Contact Cynthia Ray at 805.892.4259

or [cray@centralcoastalz.org](mailto:cray@centralcoastalz.org)

1528 Chapala Street, Suite 204

Santa Barbara, 93101

Office hours: 9:00 a.m. to 5:00 p.m.

**Thank you so much for your time and interest!**