



San Antonio Fatherhood Campaign

Rivas St. Rm. 20 San Antonio, Texas 78228 Phone (210) 227-3463 Fax (210) 227-4966
www.safatherhood.com

S.A.F.C. VOLUNTEER APPLICATION FORM

Name: _____ Date of Application: _____

Address: _____

(Street)

(City)

(State)

(Zip Code)

Phone number(s): _____

(Home)

(Work)

(Cell)

Email address: _____ Best time to contact you: _____

From the list of 1 to 10 below, how active would you like to be as an SAFC volunteer? Please circle as many items as apply to your situation:

1. One to two hours per event
2. Full day at an event
3. Serve on an event committee
4. Supervise part of an event
5. Coordinate an event
6. One day per month
7. Two days or more per month
8. One day each week
9. More than once per week
10. Volunteer every day

Do you have your own transportation to and from the place(s) where you'll volunteer (circle): YES NO

What skills do you have that you want to contribute to SAFC? Please list as many as you like:

What experience do you have as a volunteer? Please provide details about the organization(s) for which you volunteered, events or jobs, and your responsibilities for those events or jobs:

ORGANIZATION	EVENT/JOB	RESPONSIBILITIES
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Do you have any comments or additional information you would like to provide, regarding your volunteerism? Please write below or on the back of this form: