

# Christmas Unlimited Volunteer Application

Last Name:

First Name:

Street Address:

City:

Zip Code:

AM Phone:

PM Phone:

Cellular Phone

Fax:

Pager:

E-Mail: \_\_\_\_\_

Month of Birth:

Date of Birth (optional)

Age Group: (Circle one) 10-13 14-18 19-30 31-60 Over 60

Date of this app. ____/____/____ Where completed _____
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Employer / School /Retired: \_\_\_\_\_

Occupation / Grade: \_\_\_\_\_

Education Completed:(Circle One) High School Some College College Degree Post-Graduate

Professional / Technical Education Programs: \_\_\_\_\_

Special skills, interests or hobbies: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ AM Phone: \_\_\_\_\_ - \_\_\_\_\_ PM Phone: \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ AM Phone: \_\_\_\_\_ - \_\_\_\_\_ PM Phone: \_\_\_\_\_ - \_\_\_\_\_

Please specify any physical or medical limitations: \_\_\_\_\_

 Please complete the backside 

