



COMMUNITY CHILD CARE CENTER

of Portsmouth

Volunteer Form

* Today's Date:

* Name (First AND last name, please):

* Address

* City * State: * Zip

* Home Phone: * Cell Phone: Work Phone:

* Email Address:

*How did you hear about us?

* Have you volunteered in the past for any child care agencies?

If yes, please give the name of the group or agency and the city/state location.

* Please describe your experience working with children, and child care agencies.

How many hours per month would you like to volunteer?

What are you interested in doing?

* **EVENTS:** We hold 2-4 major events per year. Dance With the Stars, Friendraiser Cocktail Parties, Children's Carnival, and others may be happening in FY 2008-2009. We need volunteers to: set up, break down, talk with prospective donors, parents, etc.

* **MARKETING-** We often have marketing and clerical work that we need help with: newsletters, data entry, mailings, printing, community information, etc.

* **OTHER:** _____

* Please type your email address here and a copy of your application will automatically be sent to you.

Thank you! Send printed application to CCCC, 100 Campus Drive, Suite 20, Portsmouth NH 03801 or email to cccinfo@communitycampus.org.

* Indicates Response Required