



# CHILD ADVOCACY CENTER OF THE FINGER LAKES

482 N. Main St., Canandaigua  
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cacfingerlakes.org

# VOLUNTEER APPLICATION FORM



## PERSONAL INFORMATION

Full Name :

Pronouns :  Date Of Birth :        
M M D D Y Y

Mailing Address :

Phone :  Zip Code :

E-Mail :  Driver License :  Yes  No

Employment :  Occupation:   
 Retired  Student  None



## VOLUNTEER INTERESTS (Check all that apply)

Shine Bright Gala  Pinwheel Passport Challenge  Administrative/Office duties

Soliciting sponsors  Soliciting sponsors/Partners  Assembling Pinwheel Gardens (March/April)

Collecting donations  Delivering signage (late March)

Helping at the event (December)  Representating the CACFL at health fairs, festivals, community events

CAC Angels (Purchase wish list items, as needed)



## VOLUNTEER AVAILABILITY (Check all that apply)

Weekdays  Weekends  Mornings  Afternoons  Evenings



## WHAT SKILLS OR EXPERIENCE DO YOU BRING TO THE CACFL?



## ANYTHING YOU'D LIKE US TO KNOW ABOUT YOU?

NOTE: Due to confidentiality requirements, volunteers will never meet the children or families receiving support services at the CACFL.