

# MAKE A DIFFERENCE DAY

Saturday, October 22, 2016 8am-12pm



- Individual  
 Group

## VOLUNTEER FORM

### CONTACT INFORMATION

NAME	GROUP/ORGANIZATION	NUMBER OF PEOPLE IN GROUP
STREET ADDRESS	CITY, STATE	ZIP
EMAIL ADDRESS	Phone Number	

### MARK JOB PREFERENCE

- REPAIRS - using tools, painting and lifting  
 CLEANING - trash pick up  
 HOSPITALITY - greeting volunteers, set up meals  
 LANDSCAPING - planting trees, seeding  
 OTHER \_\_\_\_\_

### VOLUNTEER HOURS

How many hours do you anticipate working? \_\_\_\_\_ HOURS  
How many hours does your organization anticipate working? \_\_\_\_\_ HOURS  
\_\_\_\_\_ HOURS X \_\_\_\_\_ VOLUNTEER(S) = \_\_\_\_\_ TOTAL HOURS EARNED

### EMERGENCY INFORMATION

FIRST NAME	LAST NAME	PHONE
STREET ADDRESS	CITY, STATE	ZIP

### PLEASE RETURN FORM TO COMMUNITY CENTER

Office: 34900 Oak Glen Rd., Yucaipa, Ca 92399 (909)790-2489 ext. 330  
MAIL: 34272 Yucaipa Blvd. Yucaipa, CA 92399  
DEADLINE: WEDNESDAY, OCTOBER 19, 2016

OFFICE USE ONLY	Facility Credits Earned:
Date Received:	Received By: