

Volunteer Sign-Up Sheet



Please fill out this form and fax it back to the Child Abuse Prevention Center, attention Elizabeth King.

Please be sure to state your hours of availability along with your volunteer preference. You will be contact upon receipt of this form.

Name: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Dates and hours of availability: _____

Volunteer preference: _____

Is this for community service credit: _____

Please list any physical restrictions or limitations you may have: _____



Please Fax to (714) 543-4398

OR, mail your volunteer form to:

The Child Abuse Prevention Center
Attn. Elizabeth King
500 South Main St., Suite 1100
Orange, CA 92868

For questions, please call (714) 955-6510