



www.eaglepathway.org

Thank you for coming today.
Please fill out this form and leave it with us.

Name _____

Phone _____ Email _____

Current occupation? _____ Do you have a AZ fingerprint clearance card? _____

Is there anything on your record that would prevent you from getting a clearance to work with children or youth in foster care? _____

How did you hear of Eagle Pathway? _____

Volunteer Time (circle one)

One-time	Events only	1-5 hrs a month	2-5 hrs week
Part-time	Full-time	Seasonal	Other

Please circle your interested in volunteering.

Marketing Program development Social Media Website Board member
Community Partnership Fundraising Administration Building/planning Gardening
Event coordinator Construction projects Volunteer coordinator Accounting
Fostering Solar Energy Counseling Mentoring Clothing Closet assistant

Why would you like to volunteer with Eagle
Pathway _____

Signature: _____ Date: _____ Email: _____