

**CRJ Care Team
Volunteer Sign-Up Sheet**

I wish to be a: Team Leader_____ Volunteer Coordinator_____ Volunteer_____

Please check below which services you wish to perform when your schedule permits.

_____ Prepare a meal _____ Transport to doctors, therapy, store, CRJ, etc.

_____ Deliver a meal _____ Run errands

Please let us know when you are available. (Please note if there are any days you are never available.)

	Weekdays	Weekends
Morning	_____	_____
Afternoon	_____	_____
Evening	_____	_____

NAME: _____

STREET: _____ CITY/ZIP _____

PHONE: Home _____ Work _____ Cell _____
(Please list any numbers where we may call you.)

E-MAIL: _____

Type of car: Make _____ Model _____

Driver's License # _____

Expiration Date: _____