CHRISTMAS IN APRIL  
7915 Malcolm Rd.  
Clinton, MD 20735  
Phone: 301/868-0937  Fax: 301/868-1053

DEADLINE TO VOLUNTEER  
MARCH 1

VOLUNTEER SIGN UP FORM

Volunteers must be at least age 14 to participate. Students age 14-17 must request a Parental Permission Form from Christmas in April, and cannot work at house site without a completed form. Student Groups must have a 4:1 ratio of students to adults. Groups should be no larger than 20 people. Additional volunteers from an organization can sign up as an additional group.

Group Contact Person will notify all volunteers from this organization of their house assignment

Group Contact Person would like Christmas in April to notify each volunteer of their house assignment

CONTACT NAME: (PLEASE PRINT) ____________________________________________

ORGANIZATION: _______________________________________________________

CONTACT ADDRESS: ___________________________________________________

CONTACT PHONE - HOME ( ) ____________ WORK ( ) ____________

EMAIL ADDRESS: _______________________________________________________

Please select from the categories below and list all appropriate ones in the special skills section along with your name, address and phone number.

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I am willing to help in one or more of the following areas (list under special skills section):

carpentry  clean up  electrical  general labor  glazing  gopher  telephoning
roofing  plumbing  plastering  landscaping  painting  other

I have a truck and am willing to: ___pick up & deliver supplies  ___remove trash

PLEASE PRINT CLEARLY

Name ____________________________  Name ____________________________

Address __________________________  Address __________________________

City __________ State____ Zip _______  City __________ State____ Zip _______

Phone - H __________ W ____________  Phone - H __________ W ____________

Special Skills, if any _______________________  Special Skills, if any _______________________

Age, if teenager ____________  Age, if teenager ____________

Name ____________________________  Name ____________________________

Address __________________________  Address __________________________

City __________ State____ Zip _______  City __________ State____ Zip _______

Phone - H __________ W ____________  Phone - H __________ W ____________

Special Skills, if any _______________________  Special Skills, if any _______________________

Age, if teenager ____________  Age, if teenager ____________

(Continue volunteer names on next page. Copy additional sheets as needed)
Please select from the categories below and list all appropriate ones in the special skills section along with your name, address and phone number.

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PLEASE PRINT CLEARLY

Name ____________________________________________  Name ____________________________________________
Address ____________________________________________  Address ____________________________________________
City __________________ State____ Zip _______  City __________________ State____ Zip _______
Phone - H ______________ W ______________  Phone - H ______________ W ______________

Special Skills, if any ________________________  Special Skills, if any ________________________
Age, if teenager ________________  Age, if teenager ________________

Name ____________________________________________  Name ____________________________________________
Address ____________________________________________  Address ____________________________________________
City __________________ State____ Zip _______  City __________________ State____ Zip _______
Phone - H ______________ W ______________  Phone - H ______________ W ______________

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Name ____________________________________________  Name ____________________________________________
Address ____________________________________________  Address ____________________________________________
City __________________ State____ Zip _______  City __________________ State____ Zip _______
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Special Skills, if any ________________________  Special Skills, if any ________________________
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