

CENTRAL BREVARD SHARING CENTER, INC.

113 Aurora Street ■ Post Office Box 3363

Cocoa, Florida 32924-3363

Telephone ■ 321-631-0306 ■ Fax 321-631-0372 ■ E-Mail cbsc1@bellsouth.net

VOLUNTEER APPLICATION

Last Name		First Name		MI
Address: Residence		City	State	Zip
Address: Work				

Telephone	Residence	Work	Fax	Cell Phone

E-mail Address	Residence:	Work:

Please indicate which address you prefer to have you mail delivered: Residence _____ Work _____

May we fax or E-mail you at work? Yes _____ No _____

CURRENT / PREVIOUS SOCIAL, CIVIC, OR COMMUNITY INVOLVEMENT

Organization	Position	Date

AREA OF INTEREST

Office Assistance	Food Pantry	Kitchen / Dining Room
Thrift Store/Furniture Store	Truck Driver/Furniture Pickup	Driver/Food Pick Up Van

SHARING CENTER HOURS OF OPERATION

OFFICE MONDAY-FRIDAY 9:00 AM – 3:00 PM ■ FOOD PANTRY MONDAY-FRIDAY 9:00 AM – 3:00 PM

THRIFT STORE: MONDAY = FRIDAY 9:00 AM – 5:00 PM ■ SATURDAY 9:30 AM – 1:30 PM

Monday	AM	PM	Tuesday	AM	PM	Wednesday	AM	PM
Thursday	AM	PM	Friday	AM	PM	Saturday	AM	PM

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I wish to Volunteer in the Thrift Store.

I wish to Volunteer in the Kitchen.

I wish to Volunteer in the Office.

I wish to Volunteer as a Driver.

ADDITIONAL INFORMATION

How did you here about us? _____

When is your birthday? Month _____ Day _____

Do you speak a second language or sign? NO YES

Explain: _____

COMMENTS / INFORMATION ABOUT YOU OR YOUR FAMILY THAT YOU WOULD LIKE TO SHARE: _____

SKILLS OR TALENTS YOU CAN BRING TO THE SHARING CENTER:

EMERGENCY CONTACT INFORMATION

Name	Phone Number		
Address:	City	State	Zip
Relationship			

SIGNATURE _____ DATE _____

For Official Use

Beginning Date:	Ending Date
Comments: 	