

CLDA Diaper Bank®

Volunteer Application

Tell Us About Yourself:

Name: _____

Address: _____

Phone Number: _____

Email: _____

☐ Please do not add me to your email list.

☐ Please do not add me to your mailing list. (approx. 3 - 4 mailings per year)

How did you hear about CLDA's Diaper Bank?

Please check the box that corresponds to your age:

☐ 5-12 ☐ 13-17 ☐ 18-25 ☐ 26-49 ☐ 50-64 ☐ 65+

In the event of an emergency, the following person should be contacted:

Name of contact (print) Relationship

Phone

Parental Consent (for volunteers under 18 unaccompanied by an adult):

_____ has my permission to participate in this CLDA's Diaper Bank event.

Name of volunteer: _____

Signature of Parent/Legal Guardian

Date:
