



## Orinda Volunteer Center Registration Form—Youth

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Needed for credit? Yes \_\_\_\_\_ No \_\_\_\_\_

### Circle Areas of interest:

Animals	Art/Film	Community	Disabled
Education/Youth	Elderly	Environment	Health Care
Libraries	Parks / Recreation	Special Interest	

### Circle Days of Availability

Days: M T W T H F AM \_\_\_\_\_ PM \_\_\_\_\_

Evenings M T W T H F Weekends only \_\_\_\_\_

*Thank you for volunteering!*

**Fax or Mail to:**

The Orinda Association  
P.O. Box 97, Orinda, CA 94563  
Phone: (925) 254-0800 Fax: (925) 254-8312  
Email: [oa@orindaassociation.org](mailto:oa@orindaassociation.org)  
[www.orindaassociation.org](http://www.orindaassociation.org)