



# Compassion Estacada

## Volunteer Information Form

### Personal Information

Name: \_\_\_\_\_ Home: (    )    - \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt Size: S  M  L  XL  2XL  3XL   
Bilingual: Yes \_\_\_\_\_ Language: \_\_\_\_\_ No \_\_\_\_\_

Where did you hear about Compassion Estacada? \_\_\_\_\_

### Event Information

Date: Saturday, October 23, 2010

Time: 8am-3pm

Location: **Estacada High School**

355 NE 6th Avenue

### Areas of Interest

Select One Only (Day of Event Only)

- Children
- Dental
- Medical
- Interpreter
- Shuttle Service

Choose Multiple (Day of Event and Prior to Event)

- Clean-Up Crew
- Financial Team
- Follow-Up
- Leadership
- Prayer
- Public Relations
- Social Service
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please mail, email or fax this form to:

Todos Juntos/ECC  
PO BOX 2652  
Estacada, OR. 97023

Phone: (503) 593-9024  
Fax: (503) 630-6518  
Email: [masami@rconnects.com](mailto:masami@rconnects.com)