

Volunteer Form

Thank you for your support of the

Community Action Partnership of San Luis Obispo County, Inc.

Your gift of time will provide assistance to those in need in our community.

Name: _____

Please print and mail this form to:

Address: _____

Community Action Partnership

City: _____

1030 Southwood Drive

State/Zip: _____

San Luis Obispo, CA 93401

Phone: _____

ATTN: Leslie McKinley

Email: _____

QUESTIONS? Give us a call at

805.544.4355

PLEASE INDICATE YOUR INTEREST IN A SPECIFIC PROGRAM BY MARKING BELOW. A MEMBER OF OUR STAFF WILL BE IN CONTACT WITH YOU FOR MORE INFORMATION SOON!

----- **Adult Day Services**

----- **Child Youth & Family Services**

----- Child Care Resource Connection (CCRC)

----- Head Start

----- Migrant and Seasonal Head Start

----- State Child Development Programs

----- **Energy Conservation**

----- Home Repair

----- Weatherization

----- **Health Services**

----- Senior Health Screening- Registered Nurse, LVN or EMT to assist with morning health prevention screening clinics (county wide)

----- Reproductive Health Care Clinics in SLO and AG - Clerical

----- Administration - Fundraising and Clerical

----- Tattoo Removal - Registered Nurse, Nurse Practitioner, Physicians Assistant, Nurse MidWife to assist the MD during laser treatment clinics

----- Lifebound Leadership- Assist with youth development projects in Nipomo and Paso Robles

----- **Homeless Services**

----- Maxine Lewis Memorial Shelter

----- Prado Day Center

----- **Martha's Place Children's Assessment Center**

For more information about our programs, please go to www.capslo.org.