

Availability Sheet for AdvoCard Volunteer Advocacy Workers

Group

Volunteer's name _____ **Availability as of** _____ **(date)**

*I am interested in working in **long term advocacy** _____ **short term advocacy** _____ **either***

Please supply us with a picture of when you might be available for advocacy work by marking the boxes with the times when we can consider you for any work that comes to the office. (Saturday, Sunday and evening work less likely.)

| | MORNING | AFTERNOON | EVENING |
|------------------|----------------|------------------|----------------|
| MONDAY | | | |
| TUESDAY | | | |
| WEDNESDAY | | | |
| THURSDAY | | | |
| FRIDAY | | | |
| SATURDAY | | | |
| SUNDAY | | | |

Your contact telephone number(s) is (are):

Other ways for us to get in contact are: