



Membership Application

Paso Cares
A California Non-Profit Benefit Organization
P.O. Box 2834
Paso Robles, CA 93446

Applicant Information:

Name _____ Date _____

Address _____

Phone No.(s) _____

Email: _____

Areas of Interest for Volunteering: (check any that apply)

Services

- _____ Warming Station
- _____ People's Kitchen
- _____ Case Management
- _____ Clothing and Goods
- _____ Distribution
- _____ Other (please explain below)

Support Functions

- _____ Public Relations & Communications
- _____ Fundraising
- _____ Membership Development
- _____ Equipment & Supplies
- _____ Finance
- _____ Administration
