



Department of Community & Cultural Affairs
CHILD CARE & DEVELOPMENT FUND
 Caller Box 10007, Ascension Court
 Bldg. 1347 Capital Hill, Saipan MP 96950
 Tel.: 670-664-2575/6 Fax: 670-664-2547



VOLUNTEER CERTIFICATION

Volunteer Name: _____

Position: _____

Organization/Company Information

Name of Organization/Company:		
Postal Address:	Physical Address:	
Phone No.	Fax No.	Email:

Effective date of volunteer: _____ End date of volunteer: _____

Hours per week: _____

BRIEF DESCRIPTION OF DUTIES AND RESPONSIBILITIES: _____

Name of person completing this form: _____ Date: _____

Immediate Supervisor Print Name and Sign

****FOR CCDF USE ONLY****

Disaster: _____ Emergency: _____

Name of Disaster/Emergency: _____

Date of Declaration: _____