



DISTRICT OF COLUMBIA
COLLEGE ACCESS PROGRAM

REGISTRATION FORM

Volunteer
Accept the Challenge!

General Contact Information

All participants must fill out this form

Name: (Last) _____ (First) _____ (M.I) _____

DOB: _____ Sex: Male Female

Race/Ethnicity: _____ Languages(s) other than English: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Profession/Title: _____

Employer: _____

Employer's Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Work Fax: _____ Work Email: _____

Yes! You can count on me to accept the DC-CAP Volunteer Challenge.

- Career Speakers Bureau Mentoring

Please complete and return the registration form and the appropriate volunteer form(s).

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