

“If Given A Chance”

Volunteer Application

DATE: _____ BEST TIME TO REACH YOU: _____

NAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL ADDRESS: _____

OCCUPATION: _____ EDUCATION LEVEL: _____

DAYS & HOURS OF AVAILABILITY:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

PLEASE CHECK AREAS OF INTEREST:

_____ students	_____ phone tree
_____ special events	_____ data entry
_____ donations	_____ food preparation
_____ mailings	_____ Scholarship Dinner

SPECIFIC SKILLS:

_____ bi-lingual
_____ computer
_____ tutor

Why is volunteering for “If Given A Chance” of interest to you? _____

