

VOLUNTEER APPLICATION FORM

WE Design ATLANTA

Please fill out this application to the best of your ability. This application will remain on file with WE Design Atlanta and will act as your emergency contact information.

Please Print Clearly

Name: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____

Cell (if different): _____

Business Telephone: _____

E-mail: _____

Date of Birth: _____

What is your contact preference? Phone Email

Person to contact in case of an emergency:

Last Name: _____

First Name: _____

Relationship: _____

Telephone Numbers to call in case of Emergency

Day: _____ Evening: _____

VOLUNTEER APPLICATION FORM (continued)

If asked to do so, would you provide us with a personal Criminal Background Check? No Yes

Professional References (please do not list personal references)

Professional Reference #1: _____

Business Telephone: _____ Email: _____

Relationship: _____ Time Known: _____

Professional Reference #1: _____

Business Telephone: _____ Email: _____

Relationship: _____ Time Known: _____

I am interested in helping approximately _____ times per month.

___ I am interested in becoming a WE Design Atlanta committee member. Which committee(s)?

___ Design and Creativity Committee

___ Membership and Volunteer Committee

___ Advertising Committee

___ Fundraising Committee

PLEASE LIST ANY COMMENTS, QUESTIONS OR CONTINUE YOUR INTERESTS HERE:

I have fully read and understand the above three (3) pages and by my signature consent to all statements therein.

Printed Name _____ Date _____

Signature _____ Date _____