

Educational Workshop Volunteer Application

Full Name _____ Age _____

Address _____

Phone # Home: (_____) _____ Mobile: (_____) _____

E-mail address _____

Please circle days available: Mon Tues Wed Thurs Fri Sat

Hours available: _____

Briefly describe why you would like to participate in our Volunteer Program and list any specific areas of interest.

How did you learn about the program? _____

Have you ever been convicted of a felony? (if yes, explain) _____

Emergency Contact: _____ Phone#: _____