



NAME:

First

Initial

Last

ADDRESS:

Number

Street

Apt No., Unit No., P.O Box

City/Town



Postal Code:

EMAIL: _____ **OCCUPATION:** _____




DOB: _____ **AGE:** _____ **EMAIL:** _____

HOME #: _____ **CELL #:** _____

WHAT IS YOUR PREFERRED METHOD OF CONTACT?

-  Via email
-  Via phone

POSITION APPLYING FOR: (Check the applicable note)

-  One time volunteer
-  Long term volunteer
-  Unsure

PREFERRED START DATE: _____

AREA OF INTEREST: _____

WHY ARE YOU INTERESTED IN VOLUNTEERING?

HOW DID YOU HEAR ABOUT THE AFLS AND ITS VOLUNTEER PROGRAM?

LIST ANY PREVIOUS OR CURRENT VOLUNTEER EXPERIENCE:

Organization	Position/Major Responsibility	Dates of service (mm/yy)	
		From:	To:
1 _____	_____	_____	_____
2 _____	_____	_____	_____

HOW DO YOU HOPE TO BENEFIT FROM THIS EXPERIENCE?
