



OF PHOENIX, INC.

VOLUNTEER APPLICATION

Print Name: _____ Date: _____

Last

First

Address: _____ City: _____

Zip: _____ Telephone (home): _____

Cell: _____ E-Mail Address: _____

Employer/Occupation/Profession: _____

Work Address: _____ City: _____

Zip: _____ Telephone (work): _____

Send all correspondence to: [] Home [] Work/Business (Please check only one)

EDUCATIONAL BACKGROUND

High School: _____ City: _____

College: _____ State: _____

Degree: [] Yes [] No Number of Years: _____

Vocational/Technical: _____

Other: _____

CIVIC AND SOCIAL ORGANIZATIONS

a. _____ Position: _____

b. _____ Position: _____

How did you hear about our Volunteer Program? _____

TELL US ABOUT YOUR SKILLS: _____

INTERESTS: _____

HOBBIES: _____

DO YOU HAVE PREVIOUS VOLUNTEER EXPERIENCE: [] Yes [] No

IF SO, WITH WHAT ORGANIZATION (S) HOW LONG? _____

LIST BELOW ARE VARIOUS ACTIVITIES IN WHICH YOU MAY VOLUNTEER

(Please indicate the area that you are most interested in /or best fit your schedule)

100 MENTORING PROGRAMS: FOUR FOR THE FUTURE []

EDUCATION [] TUTORING []

HEALTH AND WELLNESS []

ECONOMIC DEVELOPMENT []

SPECIAL EVENTS [] WORKPLACE TOURS [] FUNDRAISING EVENTS []

ADMINISTRATIVE DUTIES [] VOLUNTEER COORDINATOR []

JOB SHADOWING [] SPEAKERS BUREAU [] MAILINGS []

FIELD TRIP CHAPERONE [] DATA ENTRY [] WEB SITE DESIGN []

PROVIDE FOOD AND BEVERAGES [] EVENT HOST/ HOSTESS [] OTHER [] _____

PLEASE INDICATE THE DAYS AND TIME YOU ARE AVAILABLE:

DAYS: Sun [] Mon [] Tue [] Wed [] Thur [] Fri [] Sat []

TIME: MORNING [] HOURS AVAILABLE: _____

AFTERNOON [] HOURS AVAILABLE: _____

EVENING [] HOURS AVAILABLE: _____

Are you being recommended by a current member of the 100?

Name of Member: _____

PLEASE RETURN APPLICATION TO VOLUNTEER COMMITTEE CHAIR

JOHN APPLING

P.O. BOX 12345

CHANDLER, AZ. 85248-0023

DO NOT MARK BELOW

OFFICE OF THE 100 BLACK MEN OF PHOENIX, Inc.

Committee Evaluation/Comments:

• AREA ASSIGNED: _____

Membership Committee Signature: _____