

## I want to volunteer!

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please describe your previous volunteer experience, if any:

Why are you interested in working with us?

What area would you like to volunteer?

Administrative  Fund Raising  Marketing  Events

Would you be willing to do clerical work, if necessary?

Yes  No

Please indicate your availability:

	Mon	Tues	Wed	Thur	Fri
Morning	_____	_____	_____	_____	_____
Afternoon	_____	_____	_____	_____	_____

West African Health Initiatives is a 501(c)3 non-profit organization registered with the IRS.



Please mail this form along with your resume to:

**West African Health Initiatives**  
**Attention: Development Dept.**  
**848 North Dodge Ave., Suite 104**  
**Evanston, IL 60202**