

# Volunteer Application Form

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

Mr.

Mrs.

Ms.

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Work: \_\_\_\_\_

Fax: \_\_\_\_\_

Please return completed applications  
to Martha Bills  
mbills@af-chicago.org  
or 810 N. Dearborn, Chicago, IL 60610  
or fax: (312) 337-3019

E-mail: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

**Which type of volunteer work interest you? (please mark all tha apply)**

Library

Events

School

Administrative

Other \_\_\_\_\_

**Education:**

School: \_\_\_\_\_

Major: \_\_\_\_\_

Degree: \_\_\_\_\_

**Special interests and skills:**

**Availability (e.g. 3–8pm, 9-11am, etc.)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							



Alliance Française