

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 that 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							

YES, I give permission to the Alliance Française to use my image in on and off line media.



Alliance Française