

Volunteer Application Form

Date: _____

Mr.

Mrs.

Ms.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone Home: _____

Work: _____

Fax: _____

Please return completed applications
to Emily Giangrande:
egiangrande@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. 3:00 to 8:00 p.m., 9:00 to 11:00 a.m., etc.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							



Alliance Française

Chicago