

## **Give 5 Program Application**

## Thanks for your interest in Give 5!

Please note that Give 5 participants must be age 50 or better!

First Name:			L	Last Name:		
Email Address:			C	ate of birth:	Gender: Male Female	
Phone Number:	Street Address:				County:	
City:		State:		ZIP code:	Retired?: Yes No	
What organizations (if a	any) do	you currently	volunte	er with ?		
Highest level of education completed:  Doctoral degree			Ph	ysical limitations:		
Master's degree						
Bachelor's degree  Associate's degree			Die	etary restrictions:		
Some college						
High School						

When would you be interested in participating in the program?				
Class meets				
Participation requires attendance at day one orientation and four out of five classes.				
I prefer to volunteer:				
Alone				
In small groups				
In large groups				
AREA  AGENCY  Outreach Coordinator				



kschlegel@aaaregionx.org

531 E. 15th Street Bus: 417-781-7562, ext. 25 P.O. Box 3990 Joplin, MO 64803-3990 Fax: 417-781-1609

## Thank you for applying! Please mail this to

## **Duane Dreiling**

**Executive Director** United Way of Southwest Missouri and Southeast Kansas

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Areas of interest for volunteering:	
Administrative/office functions	
Advocacy and human rights	

	Administrative/office function			
	Advocacy and human rights			
	Animals			
	Arts and culture			
	Board service			
	Children and youth			
	Computers and technology			
	Crisis support			
	Disabled			
	Education and literacy			
	Employment			
	Faith-based			
	Health and medicine			
	Homeless and housing			
	Hunger			
	Immigrants and refugees			
	Outdoor work			
	Poverty and basic needs			
	Seniors			
	Special events			
How di	d you find out about us?			
Word of Mouth				
Social Media				
Television Media				
Newspaper				
Presentation				

Flier / brochures