



NORTHERN CALIFORNIA HBCU  
ALUMNI ASSOCIATIONS COALITION

P.O. Box 24781, Oakland, California 94615-9719  
[www.NorthernCaliforniaHBCUC.org](http://www.NorthernCaliforniaHBCUC.org)

**MEMBERSHIP APPLICATION**

Please Print

**Applicant Information**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

Email Address \_\_\_\_\_

School/Business Affiliation \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Website Address \_\_\_\_\_

**Voluntary Information**

This information is voluntary and will not be used when considering you for membership with our organization.

**Racial or Ethnic Group**  American Indian/Alaskan  Asian/Pacific Islander  Black/African American

Hispanic/Latino  White/Caucasian  Other \_\_\_\_\_

**Gender**  Female  Male

**Military Service**  Yes  No Years of Service \_\_\_\_\_ Branch \_\_\_\_\_

**Social or Professional Organization(s)** \_\_\_\_\_

**How did you hear about this organization?**

Student  HBCUC Member  Website  College Fair  Other \_\_\_\_\_

**Availability**

During which hours are you available for volunteer assignments or college fairs?

- Weekday mornings  Weekday afternoons  Weekday evenings  
 Weekend mornings  Weekend afternoons  Weekend evenings

### Interests

Tell us in which areas you are interested in volunteering.

Administration    Events    College Fairs    Fundraising    Deliveries    Phone bank

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that can help the HBCUC.

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### Person To Notify In Case Of Emergency

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cellular Phone \_\_\_\_\_

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for completing this application form and for your interest in volunteering with us.**

Please submit at the meeting or mail this application with dues, payable to **NCHBCUC** to:

Northern California HBCU Coalition  
P.O. Box 24781  
Oakland, CA 94615-9719