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| Will2Way Foundation Inc. Member Application |  |

## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City St. ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments?

|  |  |
| --- | --- |
| \_\_\_\_Weekday mornings | Weekend mornings |
| \_\_\_\_ Weekday afternoons | Weekend afternoons |
| \_\_\_\_ Weekday evenings | Weekend evenings |

## Interests

### Tell us in which areas you are interested in volunteering

|  |
| --- |
| \_\_\_ Mentoring |
| \_\_\_\_Events  \_\_\_\_Fundraising  \_\_\_\_Volunteer coordination |
|  |
| Special Skills or QualificationsSummarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.  |  | | --- | |  | |
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## Previous Volunteer Experience

### Summarize your previous volunteer experience.

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| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City St. ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

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

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability.

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

\*\*\* Please note all social media will be reviewed as we expect Greatness from our young ladies and for our members as well. We must be the example to be the example.\*\*\*

Once you have completed your application please send to [will2wayfoundation@gmail.com](mailto:will2wayfoundation@gmail.com). You must submit a background check for mentoring.

Contact our office for questions 404-590-3492