

APPLICANT INFORMATION											
Last Name			First			M.I.		Pronouns			
Street Address				Apartment/Unit #							
City				State		ZIP					
Phone			E-mail Address								
EDUCATION											
High School			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address								
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES											
<i>Please list three professional references (cannot include family members)</i>											
Full Name				Relationship							
Company				Phone							
Full Name				Relationship							
Company				Phone							
Address											
Full Name				Relationship							
Company				Phone							
Address											

VOLUNTEER INTEREST/AVAILABILITY (CIRCLE ALL THAT APPLY)

I am interested in the following areas:	I am able to volunteer:	I am available:
Administrative/Office Work	Daily	Monday
Event Coordination	Weekly	Tuesday
Tabling Events	Monthly	Wednesday
Fundraising	Evening Events	Thursday
Graphic Design	Special Events	Friday
Grant Writing	Mornings	Saturday
General	Other	Sunday

EXPERIENCE (PROFESSIONAL AND/OR VOLUNTEER)

Company		Phone
Address		Supervisor
Job Title		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company		Phone
Address		Supervisor
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

ADDITIONAL INFORMATION

Please describe how you first became aware of GLSEN Greater Wichita and why you would like to volunteer with us.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature

Date