



VOLUNTEER APPLICATION
Please return the completed form via fax to 404-525-6124 or email
hwise@100blackmen-atlanta.org

| | | |
|-----------|------------|----|
| Last Name | First Name | MI |
|-----------|------------|----|

| | | | |
|----------------|------|-------|-----|
| Street Address | City | State | Zip |
|----------------|------|-------|-----|

| | | |
|------------------|--------|--------|
| Telephone (Home) | (Cell) | (Pgr.) |
|------------------|--------|--------|

| | | |
|------------------|---------|------------|
| Present Employer | (Title) | (How Long) |
|------------------|---------|------------|

| | | | |
|--------------------|------|-------|-----|
| Employer's Address | City | State | Zip |
|--------------------|------|-------|-----|

Email Address

Do you have previous volunteer experience? Yes No

If so, with what organization (s)? How Long?

Tell us about your skills, interests and hobbies:

Please indicate the days and time you are available:

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |
| | | | | | | |

Please Indicate Volunteer Interests (*Check All That Apply*)

Programs

Saturday Academy 100 Learning Center

Collegiate 100 Tutoring

Events

Atlanta Football Classic Weekend (September):

Health Fair Job Fair Collegiate 100 Symposium Town Hall Meeting

College Fair Football Game Parade of Excellence Corporate Corner

Classic Golf Tournament (April)

Administrative Duties

Clerical Telephone Data Entry

By signing this application, I _____ affirm that everything is true to the best of my knowledge. I also give the 100 Black Men of Atlanta permission to conduct a background check.

Signature

Date

DO NOT WRITE BELOW THIS LINE (OFFICIAL USE ONLY)

Start Date: ___/___/___

Staff Assigned: _____

Project Assignment: _____