

Black Women for Wellness Volunteer Application

Name:		
Address:		
Alternate Address:		
Telephone:	Work #:	Fax #:
Pager #:	Message #:	E-mail:
Are you currently employed? Yes/No If yes, where do you work?		
Do you have an area of expertise that could be shared with the Black Women for Wellness organization?		
What is your birth date? (indicate month/day)		
Tell us about yourself, include 3 things you feel are important:		
Which program are you interested in: (please mark one of the following)		
Program	Administrative	Health Advocate
How much time are you willing to volunteer? (please total number of hours in the weekly or monthly col-		
Weekly	Monthly	
Are you a member of a faith based organization or religious institution? If so which one?		
How important is it that your volunteer experience be with members of your own faith ?		

Are there any special circumstances you can relate to? (I.e. pregnant teen, recovering moms, single parent)

What educational goals have you accomplished ? Are you currently in school?

Have you any experience in any of the following areas?

	Participated	Expertise	Interested
Breast/ Cervical Cancer			
Chemical Dependency			
Parenting Class			
Advocacy			
HIV/AIDS Education			
Reproductive Health			
Nutrition			
Exercise			
Pregnancy & Child Birth			
Managing the Health Scvs			
Personal Hygiene/Grooming			
Financial Planning			
Setting Personal Goals			
Shopping Economically			
Other			

What do you hope to gain from this experience?

Emergency Contact: List name and phone #

Alternative Contact: