



How many hours would you be able to volunteer?

Do you have specific skills that could help the organization? Please list them:

When would you like to do? Circle all that apply

- Mailings           ?
- Phone Calls       ?
- Data Entry       ?
- Staff a Table     ?
- Events            ?
- Office Work       ?
- Marketing         ?
- Other              ?

I understand that the California Black Women's Health Project may use this information as part of its verification of my volunteer application.

I certify that the information given herein is true and correct to the best of my knowledge and belief.

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Signature of Applicant

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Date