



Volunteer Form

Name: _____ Today's Date: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone Number: (_____) _____ - _____

Email: _____

Availability: _____

Are you willing to work evenings? _____

weekends? _____

Education/Skills

College: _____

Major: _____

Languages Spoken: _____ Level of Fluency: _____

Typing: _____ WPM

Computer (Word, Excel, etc.): _____

Databases (Access, etc.): _____

Special Skills: _____

Employment History:

Name of Employer: _____

Address: _____

Phone number: _____

Position held: _____

Duties: _____

Volunteer History:

Name of organization: _____

Address: _____

Phone number: _____

Position held: _____

Duties: _____

ACLU INFORMATION

Why would you like to volunteer for the ACLU?

What are your expectations of this volunteer position?

Additional Comments:

Due to varying workload and schedules we are unable to use all prospective volunteers. Your form will be kept on file.

ATTN: Justine Morgan, Legal Program Coordinator
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