

1083 Austin Avenue NE • Atlanta, GA 30307 404-523-3471 www.wrfg.org

## **Volunteer Application**

Date:	
Name:	
Home Address:	
Phone:	Email:
EMERGENCY CONTACT	
Name:	Phone:
EDUCATION	
Highest level of education completed:	
Are you currently in school? What is your academic major?	
EMPLOYMENT	
Current Employer, if applicable:	
Position/Title	
SKILLS, Special trainings	
VOLUNTEER EXPERIENCE	
Please describe your prior volunteer experience (include organization's names and dates of service)	
What days/ hours you are available?	
How did you hear about the WRFG?	
Are you currently a WRFG subscriber? No Yes	