Inner Summit Inc 2417 Candler Rd Ste C Decatur, GA 30032 (404) 288-4980 Fax (404) 288-4953

VOLUNTEER APPLICATION

Thank you for your interest in volunteering for Inner Summit. Many volunteer opportunities exist at Inner Summit. PLEASE PRINT your responses on the form, we're sure that we can match your skills, interests and schedule to these opportunities.

Mr. /Mrs. /Ms. LAST NAME:		First Name:		
Street Address:				
City:		State: Zip Code:		
Home Phone: ()		Work Phone: ()		
	Best time to call: ☐ Morning ☐ Afternoon ☐ Eve			
	se of emergency contac			
Name				
Relationship				
Address				
Home Phone	WorkPhone	Cell Phone		
A	vailability to volunteer	r:		
Days of the week you are available: M	I TU W TH FR S	AT SUN (Circle all that apply)		
Time of day available	AM	PM No of hours per day		

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Do you have compute	er skills?	No			
	volunteer work before? ly describe:				
Are you active in other organization/s?					
Do you have transportation? ☐ Yes ☐ No					
Experience with public speaking?					
Hobbies:					
Special Skills:					
Special Interests:					
Areas of Interest					
□fundraising	□special events	□HIV/AIDS	□teambuilding		
□website	□other				
Staff Notes					