



EMERGE MOTHERS ACADEMY VOLUNTEER or BOARD APPLICATION

Name: _____ Date: _____

Address: _____

How did you hear about us? _____

Employer/Network: _____

Social Security number (if volunteering to work directly with clients) _____

Interests/Areas of service

- Events _____ (ex: 5k fundraiser, gala fundraiser, events for the moms)
- Office/Admin _____ (mailings, newsletters, notes, bookkeeping)
- Fund-raising _____ (host a friend-raiser, host a gala table, set up an event)
- Mom-to-mom mentor _____ (mentor a single mom)
- Make a meal _____ (provide a meal for 15-20 moms, during a class)
- Enrichment workshop _____ (parenting, finances, health, nutrition, GED prep)
- Board of directors _____ (committees and quarterly meetings to govern our org)
- Other _____ (please list an idea)

Tell us more about you: _____

Commitments

Able to consent to background check if applicable (for anyone interacting with clients)?

Availability: _____ MON _____ TUE _____ WED _____ THUR _____ FRI _____ WEEKENDS
(ex. "evenings", "any", "limited", "none")

Phone number: _____ Email: _____

Signature: _____ Date: _____