



EMERGE MOTHERS ACADEMY VOLUNTEER or BOARD APPLICATION

Name: _____ Date: _____

Address:

How did you hear about us?

Employer/Network:

D.O.B. & Social Security number (if volunteering to work directly with clients)

I am interested in the following areas of service

Events _____ (ex: 5k fundraiser, gala fundraiser, events for the moms)

Office/Admin _____ (mailings, newsletters, filing, shredding)

Fund-raising _____ (host a friend-raiser, host a gala table, set up an event)

Mom-to-mom mentor _____ (mentor a single mom)

Deliver food/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)

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Tell us more about you:

Commitments

Are you 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: _____

Return to info@emergetwincities.org