

## Pro Bono Committee Volunteer Data Sheet

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	

### Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

### Interests

Tell us in which areas you are interested in volunteering

*Committee Activities*

- Events  
 Administrative  
 Grant Writing  
 Newsletter Articles

*Community Based Activities*

- Workshops  
 Technical Assistance  
 One-on-one Planning  
 Mentoring

*Special Populations*

- Women/Men (circle one)  
 Youth  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

--

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I have received and agree to abide by the FPA Pro Bono Committee Public Service Guidelines for volunteer engagements.

Name (printed)	
Signature	
Date	

## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us. Please return the completed form via email to [fpapbc.comcast.net](mailto:fpapbc.comcast.net) or fax to (510) 779-1035.

For questions or additional information please email [fpapbc@comcast.net](mailto:fpapbc@comcast.net).