Volunteer Application Form

Please complete all sections of the Volunteer Application Form. You can e-mail your form to <u>info@afseattle.org</u> or fax the form to (206) 632-9040.

> Alliance Française de Seattle Good Shepherd Center 4649 Sunnyside Ave. North, Ste. 205 Seattle, WA 98103

	VOLUNTEER IN	FORMATION		
Date/	/_20			
Name	(Dr. Mr. Mrs. Ms.)			
	Select one PRINT name	e above — First Na	ume – MI – Last	Name
Address				
City		State	ZIP	
Home Phone		Business Phone		
Email Address *				
Are you a new	member of Alliance Française de Seatt	tle? YES 🗆	NO □	
Do you need to	renew your membership?	YES 🗆	NO 🗆	
Are you a new	student at Alliance Française de Seattl	le? YES 🗆	NO 🗆	
How did you h	ear about the Alliance Française de Se	attle?		
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	COMPLEMENTARY INFORMATION: EMERGENCY CONTACT
Name	
Relationship	
Phone number	

^{*} Email is used for reminders, announcements and to send the monthly bilingual E-news. *

		7	YOUR AVAILA	BILITIES		
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

(e.g. 3-8 pm, 9-11am, etc)

YOUR INTERESTS		
\Box Events	☐ Administrative	
□ Library	\Box School	
□ Other:		
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Un grand merci et à très bientôt!