



Volunteer Application

Contact Information

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

Availability

Monday	Tuesday	Wednesday	Thursday	Friday
Morning	Afternoon	Evening	Weekends	

Please indicate if there are specific times of certain days you are available below:

Are you a member of the League of Women Voters? Yes No

Interests

Tell us in which areas you are interested in volunteering

Voter Registration	Observer Corps / Legislative	
Voter Protection	Administration / Publications	Other _____

Special Skills and Qualifications

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

Please complete this form and email to lwvga@lwvga.org