



VOLUNTEER APPLICATION

First & Last Name:	Date of Birth:																		
School/Employer:	Job Title:																		
E-Mail:																			
Home Address:	City, State, Zip:																		
Primary Phone:	Is this: Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>																		
Secondary Phone:	Is this: Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>																		
Do you speak a foreign language? Yes <input type="checkbox"/> No <input type="checkbox"/>	Please list language(s):																		
<p>Which areas are you interested in volunteering?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Program Committees LBT Women's Wellness <input type="checkbox"/> Fundraising Events Drag shows, Gayme Nights, Dinner Parties, Bowling Tournament <input type="checkbox"/> Grant Writing <input type="checkbox"/> Promoting The Center at community events Passing out flyers, brochures <input type="checkbox"/> Board of Directors 	<p style="text-align: center;">When are you available for volunteering?</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 50%;">Days</th> <th style="width: 50%;">Times</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Days	Times																
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Please answer the following questions with as much detail you feel necessary. We are interested in gaining a rich perspective on how you can further the mission of the Inland Northwest LGBT Center, which is *to build a vibrant LGBT community through collaborative programs promoting advocacy, education, and wellness.*

1. Why do you want to volunteer for The Center?

