



Volunteer Application

Contact Information

Date _____
 Name _____
 Address _____
 City _____ State _____ ZIP _____
 Home (____) _____ - _____
 Work (____) _____ - _____
 Cell (____) _____ - _____
 E-mail _____

Education (check all that apply): High School Business/Trade School College
 Major _____ Degree _____
 Interest or Hobbies _____
 Skills (please be specific) _____
 Previous Volunteer Work (Describe Agency and Responsibilities)
 1) _____
 2) _____
 3) _____

Availability (circle all that apply)
 Sunday Monday Tuesday Wednesday Thursday Friday Saturday
 Morning ____ Weekday ____ Afternoon ____ Twice Monthly ____
 Evening ____ Monthly ____ Twice Weekly ____

What Organization are you volunteering on behalf of? _____
 How did you hear about this opportunity? _____

References (please provide names and addresses)
 1) _____
 2) _____

Thank you for taking the opportunity to help the Champaign Downtown Association. Your efforts are helping to create a vibrant Downtown that represents the best of our community. We hope that you have a pleasurable experience and will choose to join us again.

Please submit this completed application to the Champaign Downtown Association Executive Director at:

**44 East Main Street
 Suite 417
 Champaign, IL. 61820
 or
 Fax (217) 352-2422**

