

Handwashing Team

Volunteer Application

CONFIDENTIAL INFORMATION

Name _____

Address _____

City/State/Zip _____

Telephone ____/_____

Please list education or special training experiences: _____

What other volunteer experience have you had?

Volunteer experiences with University of Illinois Extension: _____

What do you like to do? _____

What are your hobbies? _____

What type of volunteer work would be most enjoyable to you? _____

What type of volunteer work would be least enjoyable to you? _____

When are the most convenient times for you to volunteer?

Monday _____ a.m. _____ p.m.

Tuesday _____ a.m. _____ p.m.

Wednesday _____ a.m. _____ p.m.

Thursday _____ a.m. _____ p.m.

Friday _____ a.m. _____ p.m.



UNIVERSITY OF ILLINOIS EXTENSION

College of Agricultural, Consumer and Environmental Sciences

