Continuing Education & Professional Development

Volunteer Application

Contact Information			
Name			
Street Address			
City			
State/Zip Code			
Home Phone			
E-Mail Address			
Availability			
During which hours are you available for volunteer assignments?			
Weekdays: 8:00am - 12:00pm			
Weekdays: 12:00pm - 4:00pm			
Weekdays: 4:00pm - 8:00pm			
Interests			
Tell us in which areas you are interested in volunteering			
Administration			
Special Events			
Registration			
Communication	ons/Marketing		
Special Skills or	Qualifications		
Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.			

Previous Volunteer Experience			
Please summarize your previous volunteer experience.			
Emergency Con	tact Information		
Name			
Relationship			
Home Phone			
Cell Phone			
Name			
Relationship			
Home Phone			
Cell Phone			
Agreement and	Signature		
By submitting this a	pplication, I affirm that the facts set forth in it are true and complete. I understand that if I am teer, any false statements, omissions, or other misrepresentations made by me on this		
Name (printed)			
Signature			
Date			

Our Policy

It is the policy of UWM at Waukesha Continuing Education to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.