

Eastside Concerned Citizens, Inc.
906 East Bolton Street
Savannah, Georgia 31404
(912) 234-8582
eastsideconcern@hotmail.com

VOLUNTEER APPLICATION

Position applying for: _____ Date: _____

Hours available to volunteer _____ Date of birth: _____

Mr.

Ms. _____ Social Security #: _____

Mrs. _____ (Please Print Name)

Address: _____

Street

City

State

Zip

Home Telephone: _____ Cell Phone: _____

Total number in family: _____ (children under 18: _____ Adults over 55: _____)

Present source of income: _____
(Social security, employment, TANF, etc.)

EMPLOYMENT

Present Employer: _____

Employer Address: _____

Name of supervisor: _____

EDUCATION

High School: _____ Year Completed: _____

College Attended: _____ Year Graduated: _____

Vocational School: _____ Year Graduated: _____

SKILLS

Typing WPM _____ Computer software experience _____

Other skills: _____

REFERENCES

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____