



AMERICAN INDIAN MOVEMENT CLEVELAND AUTONOMOUS NETWORK

Volunteer Application

Instructions:

This is a request for information. All information you provide will be kept private. Please use **BLOCK LETTERS** to complete this form; information required has been marked by an asterisk (*). Please mail completed form and a *recent photograph* to:

Cleveland AIM, PO Box 34134, Cleveland Ohio 44134

Direct questions to us at (216) 533-7423 or volunteer@clevelandaim.us. Thank you.

Name* _____

Preferred to be called _____

Are you of Native Descent*? Yes No

Native People(s) _____

Age* _____ Sex* _____ Occupation _____

Mailing Address* _____

Phone* _____ E-mail _____

Please list all languages you speak _____

Please list any relevant skills you have _____

Availability* Mornings Afternoons Evenings No. of days per week* _____

Area(s) in which you would like to volunteer*

Mascots Fundraising Elder support

Outreach / Education Office support Transportation assistance

Environment Newsletter / Website Other _____

Health Legal support County* _____

I represent that all information provided by me is truthful to the best of my knowledge. I agree to notify Cleveland A.I.M. of changes to any information required by me to complete this application.*

Signature* **X** _____ Date* _____

For Office Use Only

Chapter/Branch:

Volunteer Number: