



General Volunteer Application

27 east monroe, suite 1400
chicago illinois 60603
t 312.269.4514
f 312.269.4525

Date: _____		
Name: _____		
Would you like to volunteer weekly or partner with a co-worker/friend? (Circle)		
Weekly	Partner Every Other Week	Name of Partner: _____

Contact Information

Company/Agency Name: _____		
Work Address: _____		
City	State	Zip
Home Address: _____		
City	State	Zip
Phone (day): _____	Phone (evening): _____	
Email: _____		
<i>*Email is the primary method by which WITS will communicate with its volunteers.</i>		
Where do you prefer to have WITS mail sent? ____ Work ____ Home		
Birth Date (optional): _____		
Highest Level of Education Completed:		
_____ High School	_____ College Degree	_____ Graduate Degree
Emergency Contact Information:		
Name	Phone	
Address		
(please include Street Address, City, State and Zip if different than above)		