

# WISCONSIN CHAPTER

## Volunteer Application

Full name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number (home): \_\_\_\_\_  
Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip  
Code: \_\_\_\_\_  
Telephone Number (work): \_\_\_\_\_  
Email Address: \_\_\_\_\_

Volunteer History Do you have volunteer experience?

Yes

No

Organization Name: \_\_\_\_\_  
Position and Responsibilities: \_\_\_\_\_  
Likes about experience: \_\_\_\_\_

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Position and Responsibilities: \_\_\_\_\_  
Likes about experience: \_\_\_\_\_

Organization Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Position and Responsibilities: \_\_\_\_\_  
Likes about experience: \_\_\_\_\_  
Dislikes about experience: \_\_\_\_\_

What volunteer opportunities interest you?

- Milwaukee Liver Life Walk
- Flavors of Milwaukee Culinary Gala
- Madison Liver Life Walk
- Madison Flavors Culinary Gala
- Various Office Needs
- Committee Member
- Board Member
- Registration
- Fundraising
- Entertainment/Activities
- Other \_\_\_\_\_

How did you hear about the American Liver Foundation?

I have completed and reviewed this entire form and attest that the information provided is true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_