



*W.A.V.E.S \* women achieving victory empowerment & success*

**Additional information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number:: \_\_\_\_\_

Email: \_\_\_\_\_ Website \_\_\_\_\_

Title: \_\_\_\_\_

Degree: \_\_\_\_\_

Have you volunteered with any non-profit organization in the last twelve months? If so name the organization or church \_\_\_\_\_

Are you willing to volunteer at least (once) 1-2 hours of your time during a twelve month period with a suitable nonprofit organization?

Do you wish to be contacted about volunteering opportunities in your area? \_\_\_\_\_

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