



Center for Black Women's Wellness, Inc.
Volunteer Application

Please complete this form, attach any necessary documentation, and return to the following:

Attn: Office Administrator
Center for Black Women's Wellness
477 Windsor Street, SW, Suite 309
Atlanta, GA 30312

Phone: 404-688-9202 ext. 12
Fax: 404-880-9435
nadine@cbww.org

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Alternate Phone Number _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Relation to you _____

How did you find out about the Center for Black Women's Wellness?

- Media
- School
- Word of Mouth
- Other _____

Any special skills or training:

Present or previous volunteer experience:

Are you completing these volunteer hours for school or other community requirements?

- Yes No

If so, please complete the following questions:

School _____

Area of study and year of graduation _____

Requirements of volunteer experience (# of necessary hours, duties, etc.)

Supervising Professor's name, title, and phone number

(Please attach any necessary paperwork)

Is there anything else that you would like for us to know about you?

Event/s you are looking to volunteer for:

- Awards Celebration, Friday, November 6th – from 2:00 pm – 10:00 pm, (these hours can be divided into shifts)
- Annual Women's Health Expo, Saturday, November 7th – from 10:00 am – 3:00 pm

Thank you for your help in making these events a success.

Upon submitting an application, volunteers will be contacted based on needs for each events and or skills. Please call Nadine Trotter (404) 688-9202 ext. 12.