



VOLUNTEER APPLICATION

Name: _____

Address: _____

Home Phone: () _____ Best time to call: _____

Cell Phone: () _____ Best time to call: _____

E-mail: _____

What days are you available? M T W R F S

What times are you available? Mornings Afternoons Evenings

Which of these committees are you interested in? (check all that apply)

___ Fundraising Committee (organizing special events, recruiting donors and sponsors)

___ Public Relations Committee (spread the word about Forgotten Voice through media, public speaking, fliers, etc)

Which of these areas are you interested in? (check all that apply)

___ layout ___ typing ___ editing

___ graphic design (help us make eye-catching front pages)

___ web design/web master

___ journalists (to cover news stories pertaining to homelessness)

___ grant writing

___ other (please specify: _____)

Please mail this form to :

Forgotten Voice

c/o PLAN Nevada

732 S. Sixth Street, Suite 200

Las Vegas, NV 89101