

The Women's Center, Inc.

Group Project Volunteer Interest Form

Thank you for your interest in volunteering with your group at The Women's Center, Inc.

Please email your completed form to: alexandral@twcwaukesha.org

Today's	Date: _							
Name:				Title:				
Group	Organiza	ation/Name;						
Mailing	Addres	s:						
City:	ity: Stat			tate:	Zip:			
Daytime Phone:			email:	mail:				
				vho would like t				_
3.			•	f the week, as w st 2 weeks notic		•	• .	ailable. Please
		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times Specific Dates:								
4.	My group can offer these skills to the project: (i.e. crafts, photography, tutoring, singing, painting, special classes, etc)							
5.	Does your group have a budget for this project? Or willing to provide supplies as an in-kind donation?yesno							
6.	Does your company provide funding for programs tied to volunteer hours?yesno							
7.		oup is interested _ Donation Sort _ Events _ Gardening _ Administrative _ Other: Sugges	ing	ng types of activ	rities:			