## Alaska World Affairs Council Educating and engaging Alaskans on global issues since 1958!

## Volunteer Application 2016 - 2017

PERSONA	L			
First Name:		Last N	_ Last Name:	
Address:				
City:		State:	Zip:	
Cell Phone:				
Preferred (	Contact Email:			
PROFESSI	DNAL			
*Please at experience		tailing your education,	work, volunteer, and ex	ktracurricular
SKILLS				
Relevant w	ork experience:			
Relevant vo	olunteer experienc	e:		
PREFEREN	ICES			
(May indica [ ] [ ] [ ]	ion(s) would you lil ate more than one Special Projects Community Outr Event Assistant Committee Repr	<i>. Preference is not a g</i> Assistant each Liaison	uarantee of assignme	nt.]
		ed days to volunteer: sday [ ] Wednesday	/ [ ]Thursday [ ]	Friday [ ]Saturday
Please indio [ ] [ ]	cate your preferre Morning (8-11am Evening (5pm & la	ed hours to volunteer: ) [] Mid-day (10a ater) [] Other:	m-2pm] []Aftern	oon (2-4pm) 
Do you hav	e transportation?	[]Y []N		

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Phone:
Relationship:
Phone:
ically confirm my role as a Council volunteer prior to beginning my volunteer position.
Date
hs to Alyssa Bish, Deputy Director, at e arrangements to drop-off in-person at the 17, Anchorage, AK 99501 (above Pils Deli).