



American Indians in Texas at the Spanish Colonial Missions

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AIT-SCM VOLUNTEER APPLICATION FORM

Name: _____ Date of Application: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone number(s): _____
(Home) (Work) (Cell)

Email address: _____ Best time to contact you: _____

From the list of 1 to 10 below, how active would you like to be as an AIT-SCM volunteer? Please circle as many items as apply to your situation:

- | | | |
|-------------------------------|-------------------------|--------------------------------|
| 1. One to two hours per event | 2. Full day at an event | 3. Serve on an event committee |
| 4. Supervise part of an event | 5. Coordinate an event | 6. One day per month |
| 7. Two days or more per month | 8. One day each week | 9. More than once per week |
| 10. Volunteer every day | | |

Do you have your own transportation to and from the places where you'll volunteer (circle): YES NO

What skills do you have that you want to contribute to AIT-SCM? Please list as many as you like:

What experience do you have as a volunteer? Please provide details about the organization(s) for which you volunteered, events or jobs, and your responsibilities for those events or jobs:

ORGANIZATION	EVENT/JOB	RESPONSIBILITIES
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Do you have any comments or additional information you would like to provide, regarding your volunteerism? Please write below or on the back of this form: