COMMUNITY COUNCIL OF METROPOLITAN ATLANTA, INC. VOLUNTEER DATA FORM		
Name:Last First	Middle	Date:
Address:Street Address		City/State/Zip Code
Phone Numbers: Home Number	Cell Number	Fax Number
Email Address:		
Emergency Contact:		
Volunteer Position Preferred:	Days/Hours Available:	
EDUCATION: Name and Address Of School	Degree/Diploma	Graduation Date
SKILLS AND QUALIFICATIONS: LICENSES, SKILLS, TRAINING, AWARDS		
EMPLOYMENT HISTORY: Please provide a summary of the jobs you held, duties performed, skills used or learned, and career advancements.		
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## ADDITIONAL EMPLOYMENT OR VOLUNTEER INFORMATION (IF APPLICABLE):

## **REFERENCES:**

(Please list three professional or personal references)

Name

Relationship

Telephone Number

## **COMMENTS:**

Please describe the services and skills that you can provide as a volunteer staff person with the Community Council of Metropolitan Atlanta, Inc.

I certify that information contained in this application is true and complete. I authorize the Community Council of Metropolitan Atlanta, Inc. to conduct a background or reference check, if deemed necessary for the specific volunteer position.

Signature:

Date:

Community Council of Metropolitan Atlanta • 80 Walnut St., Suite 103 • Atlanta, GA 30314 (404) 935-5859 • info@communitycouncilma.org •www.communitycouncilma.org

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