



Maternity Care Coalition Volunteer Information

Today's Date: _____ **PLEASE PRINT CLEARLY!**

Name: _____

Address: _____

City, State: _____ ZIP _____

Telephone: (W) _____ (H) _____ (other) _____

E-Mail _____

Please tell us about yourself and what you are looking for in a volunteer experience:

Days You Can Work: Please list the days and times you are available

Are you currently employed? _____
(please list employer & address):

Are you currently in school? _____
(please list your school, major & grade)

How Can You Help? Check all that apply.

- _____ Administrative Support (ie. gift bags production, donation sorting, mailing, phone calls)
- _____ Special Events (ie. Mother's Day, MLK Day of Caring, UW Day of Caring)
- _____ Family Gift Connection
- _____ MOMobile
- _____ Special Projects
- _____ Cribs for Kids
- _____ Student Intern
- _____ Research, Education and Advocacy

Special Skills, please list: