

# Volunteer Form

Join us in fighting domestic violence and sexual assault. Become a AEDV Volunteer!  
Fill in the form below and submit it. We will contact you ASAP!

First Name:  Middle Initial:

Last Name:

Address:

City:  State:

Home Phone:  Work Phone:

Email:

How did you hear about Advocates to End Domestic Violence? \_\_\_\_\_

Are you available for training in the evening?  yes  no

When are you able to volunteer? Please give the hours for each day available.

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

Comments/Program you are interested in: \_\_\_\_\_

Please note that when you are contacted you will be asked to fill out a separate Volunteer Application supplied by the Volunteer Coordinator.

**Please mail or fax this form to:**  
**PO Box 2529, Carson City NV 89702 -- fax: (775) 883-0364**