## **Volunteer Application**

info@aclualabama.org

\_\_\_ Immigrants' Rights

American Civil Liberties Union of Alabama PO Box 6179, Montgomery, AL 36106-0179 Phone: (334) 265-2754 | Fax: (334) 269-5666



Rights for People with Disabilities

**Contact Information** Name Address City, State, Zip Phone E-Mail Person to Notify in Case of Emergency Name Phone Relationship Availability During which hours are you available for volunteer assignments? \_\_ Weekday mornings \_\_\_ Weekend mornings Weekday afternoons Weekend afternoons \_\_\_ Weekday evenings Weekend evenings Interests Tell us in which areas you are interested in volunteering General office **Events/Festivals** Phone Banking \_\_\_ Canvassing \_\_ Data entry \_\_ Other: \_\_ Issues In what ACLU issues are you most interested? \_\_\_ Reproductive Rights \_\_\_ LGBT Rights Criminal Justice First Amendment Rights Privacy/Surveillance \_\_\_ Voting Rights

Racial Justice

	d qualifications you have acquired from employment, education, previous ther activities, including hobbies or sports.
Languages spoken	
Current occupation/field of study (if any)	
Other skills:	
Objectives	
•	volunteer with the ACLU of Alabama.
Agreement and Signature	
that if I am accepted as a volu	n, I affirm that the facts set forth in it are true and complete. I understand unteer, any false statements, omissions, or other misrepresentations on may result in my immediate dismissal.
Name (printed)	
Signature	
Date	

## **Our Policy**

Special Skills

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.