



UNEA VOLUNTEER/INTERN APPLICATION

LAST NAME	FIRST NAME	TRIBE

ADDRESS

--

CITY	STATE	ZIPCODE

EMAIL ADDRESS	PHONE NUMBER

BEST WAY/TIME TO CONTACT YOU: EMAIL OR PHONE AM OR PM

AFFILIATION (E.G. Name of organization you are a part of such as business or church)

--

ADDRESS

--

CITY	STATE	ZIPCODE

CLEAR SKY AVAILABILITY FROM SEPT TO JUN 5:30 TO 8:30 PM: TUES__ THURS__ OTHER__

INTEREST/TALENT/SKILL

<input type="checkbox"/> ADMINISTRATIVE	<input type="checkbox"/> DATABASE	<input type="checkbox"/> WEBPAGE	<input type="checkbox"/> PHOTOGRAPHY
<input type="checkbox"/> Newsletter	<input type="checkbox"/> VIDEO	<input type="checkbox"/> MARKETING	<input type="checkbox"/> SET-UP 5:30 PM
<input type="checkbox"/> CLEAN-UP 8:30-9PM	<input type="checkbox"/> FOOD PREP/DELIVERY	<input type="checkbox"/> SERVING FOOD	<input type="checkbox"/> COACHING
<input type="checkbox"/> CLEAR SKY EVENTS	<input type="checkbox"/> NATIVE WARRIOR EVENTS	<input type="checkbox"/> REMINDER CALLS	<input type="checkbox"/> FUNDRAISING
<input type="checkbox"/> TUTORING	<input type="checkbox"/> MENTORSHIP PROGRAM	<input type="checkbox"/> INSTRUCT CULTURAL ACTIVITIES	<input type="checkbox"/> INSTRUCT LIFE SKILLS

www.urbannativeeducation.com



UNEA VOLUNTEER/INTERN COMPLETION FORM

Ending your Volunteer Service

Thank you for volunteering with UNEA. We would be grateful if you can take a few minutes to answer the following questions before terminating your position. Your feedback is an important part of our efforts to improve UNEA.

1. How long did you Volunteer for UNEA? Start date _____ End date _____

2. Was this your first experience with UNEA? Yes _____ No _____

3. In what capacity did you serve? _____

4. Please describe your experience volunteering for UNEA:

5. Do you have any suggestions about how UNEA can improve our program?

Please mail to:
UNEA c/o Sarah Sense-Wilson

www.urbannativeeducation.com