



# UNEA VOLUNTEER/INTERN APPLICATION

LAST NAME	FIRST NAME	TRIBE

ADDRESS

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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)

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ADDRESS

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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 |

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