

Agency Member Application 2010

Name _____

Address _____ City, State, Zip

Email _____ Home Phone
_____ Cell Phone _____ Organization

Position _____ Work Number _____

Fax Number _____

_____ Individual _____ Organizational _____ Tribal Program

_____ Non-Tribal Program or Affiliate

Please mark one or more of the following : ___ Elder ___ Youth ___ SA Program/Rape
Crisis Ctr. ___ DV Program ___ Dual SA/DV ___ Tribal Victim Services ___ Other
Victim Services ___ Other Organizational Members ___ Community Member Tribal

Affiliation _____

Please allow my name to stand as a volunteer to the WS Coalition, I am willing to submit
a volunteer application packet.

_____ Yes _____ No _____ Perhaps later

Mail, email, fax a bio, resume or letter of interest to:

WomenSpirit Coalition

P.O. Box 13260

Olympia, WA 98502

dee@womenspiritcoalition.org

Ofc: 360-352-3120 /Fax: 360-427-3265

Cell: 360-791-5771