



Volunteer Application Form

Part 1. Contact Information

Name: _____

Title/Organization (if applicable): _____

Address: _____

Phone(s): _____ e-mail: _____

Part 2. Tell us about yourself

- a. Why do you want to volunteer?
- b. What area(s) of civil liberties are you most interested in working on?
- c. Briefly describe any specialized skills that you have.
- d. What are you most interested in doing?
- e. Are you willing to help with fundraising and tabling at events?
- f. Please include any other information you would like us to know about you..

By mail: ACLU of Sonoma County, P.O. Box 14181, Santa Rosa, CA 95402

By e-mail: aclu@sonic.net

For information, visit: aclusonoma.org, e-mail: aclu@sonic.net or call: 707-765-5005