

First Name:_____

VOLUNTEER / INTERN APPLICATION

Time is a precious commodity and is appreciated and highly valued. If you can provide assistance or desire more information, please complete the application below. We will do our best to get back to you within two weeks.

Last Name:

Address:			
City:		State: Zip:	
	Email:		
Preferred Method of (Contact: Email	Phone	
Availability:			
Skills/Interests:			
-	lls that may be beneficial to	the chapter. If you have skills	s that are not
·	·	apter, please include this info	
the <i>other</i> field.			
Sponsorship	Event Planning	Database Management	Logistics
Social Media/PR	Web Development		Marketing
Graphic Design	Grant Writing	PD Education/Outreach	Data Entry
Other:	Ü		
Project Interests:			
-	n working on a special proje	ect please indicate below.	
Optimism Walk	Educational Programs		Grant Writing
Adventure Race	Optimism Retreat	-	General Office
Additional Information	n:		
radicional information	·· <u> </u>		

Click "Submit" button to send completed form to APDA or print and send to:

APDA – Northwest 150 Nickerson St, Ste 100, Seattle, WA 98109

Fax: 206-455-8980

Email: apdanw@apdaparkinson.org