

# ST. CHARLES COALITION AGAINST HUMAN TRAFFICKING

## VOLUNTEER FORM

### Personal Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Volunteer Opportunities

Is there a particular event you are interested in volunteering for?

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## **Qualifications and Experience**

Previous volunteer experience:

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Special skills or qualifications:

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