

Old Dominion University



Volunteer Application

Today's Date: _____

Name: _____

Phone: _____

Local Address: _____

E-mail: _____

Major: _____

Year: _____

Type of Volunteering: Regular/Ongoing Special Event/One Time Only

Briefly describe why you would like to volunteer at the Women's Center?

What date are you available to begin?

Days of the week and hours you are available to volunteer?

Return completed form to the Women's Center or mail to:
ODU Women's Center
1000 Webb Center
Norfolk, VA 23529
Fax: (757) 683-4111