



AWCorps Application

Date: _____

Name: _____		Birthday: _____
Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Cell Phone: _____	
Email: _____		
Highest Degree Complete: _____		
Type of AWCorps Volunteer: General Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Usher <input type="checkbox"/> Docent <input type="checkbox"/>		

Emergency Contact:

Name: _____	Relationship: _____
Daytime Phone: _____	Evening Phone: _____

School Contact:(if applicable)

High School/College: _____

Address: _____

City: _____	State: _____	Zip Code: _____
Contact Name: _____	Title: _____	
Phone: _____	Fax: _____	
Email: _____		
Major: _____	Minor: _____	
Expected Graduation Date: _____		
Current year in school: Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate Student: <input type="checkbox"/>		

Sponsoring Agency:(if applicable)

Company: _____

Address: _____

City: _____	State: _____	Zip Code: _____
Contact Name: _____	Title: _____	
Phone: _____	Fax: _____	
Email: _____		

Additional Information:

Start Date: _____	End Date: _____
Requested Absences: _____	

Availability

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Start Time:							
End Time:							

Thank you for completing the AWCorps application. For questions or to return your application contact:
AWCorps@AugustWilsonCenter.org or 412.338.8730