

WASHINGTON TENNIS & EDUCATION FOUNDATION

Volunteer Information Form

Name: _____ Mr () Mrs () Ms () Dr ()
(Last) (First) (MI)

Address: _____

City: _____ State: _____ Zip: _____

Employer: (if applicable) _____

Home Phone: _____ Work Phone: _____ Mobile: _____

E-mail: _____ Fax: _____

Highest Level of Education Completed: High School ___; College ___; Graduate Degree ___

Best time to reach you: _____

Describe your special skills/interests, other languages spoken, etc.: (Continue on reverse side if desired.)

How did you hear about us? _____

Please identify areas in which you might volunteer with WTEF:

- _____ Special events/fundraising
_____ Help in the Center for Excellence (tutoring/homework assistance)
_____ Mentor of WTEF student
_____ Other (please specify)

Approx. # Hours Available per week: _____ Day(s) Available: _____ Monday-Friday (4-7pm)
_____ Saturdays

Emergency Contact: _____ Contact Phone #: _____

Thank you for your interest in helping to improve the life prospects of DC area youth!

Please complete this form and return:

- **BY MAIL**
Washington Tennis & Education Foundation
Attn: Ashleigh Woods
16th & Kennedy Streets
Washington, DC 20011
- **BY EMAIL**
awoods@wtef.org
- **BY FAX**
1-202-291-3855 Attn: Ashleigh Woods