

# VOLUNTEER APPLICATION FORM

## AFRICAN COMMUNITY CENTER OF LOWELL

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

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

Telephone Number: \_\_\_\_\_

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

Days Available: \_\_\_\_\_

Times Available: \_\_\_\_\_

### Areas of Interest

Community Involvement: \_\_\_\_\_

Peace & Conflict Advocacy : \_\_\_\_\_

Educational Growth: \_\_\_\_\_

Cultural Heritage: \_\_\_\_\_

Community Voices Speaker Series: \_\_\_\_\_

Refugee & Immigrant Support Coalition: \_\_\_\_\_



### Additional Information

Comments: \_\_\_\_\_

\_\_\_\_\_

Please email the form along with your resume to the email provided below. Thank you for your interest in our organization.

Email Address: [ghalm@commteam.org](mailto:ghalm@commteam.org)

Tel. : (978)-654-5678

"Join The African Community Center of Lowell to instill hope to the hopeless."-Gordon Halm, ACCL Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed