



DCCCFE

District of Columbia Council for Excellence, Inc

GIVING BACK VOLUNTEER

APPLICATION & INSTRUCTIONS





Name: _____ Ward: _____

Please Submit the Following

A completed resume

Mail application and all accompanying materials to:
DC Council for Excellence, Inc.
c/o Scholarship Program
1413 K Street N.W., 15th Floor
Washington, D.C. 20005



Name: _____ Ward: _____

Personal Information

Last Name	First Name	Middle Initial
E-Mail		
Date of Birth (DD/MM/YYYY)	Gender	Nationality
Street Address		
City	State	Zip Code
Phone Number	Cell Phone	

Academic Profile

College / University Name	Previous High-School / Ward	Graduation Date
---------------------------	-----------------------------	-----------------

Are there any particular education, skills, talents, or interests you'd like to share?



Name: _____ Ward: _____

Volunteer Availability

Number of days per week? 1 2 3 4 5

Which days? Mon Tue Wed Thu Fri

Have you volunteered before? Yes No

If yes, what did you do?

References

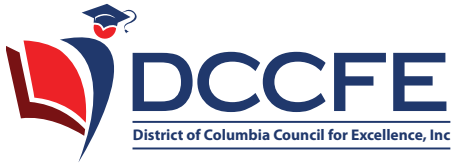
Please list two people besides relatives whom you have known for at least two years and who know you well

_____	_____	_____
1st Reference Name	Telephone	Relationship to you

How long have you known this reference

_____	_____	_____
2nd Reference Name	Telephone	Relationship to you

How long have you known this reference



Name: _____ Ward: _____

Applicant's Statement

1. I understand that DC Council for Excellence, Inc. reserves the right to reject any volunteer applicant with or without cause.
2. I affirm that the facts set forth in this application are true and complete.
3. I understand that submission of this application constitutes permission to use my name and/or photograph for promotional purposes in all DC Council for Excellence, Inc. publications.

Print Name

Signature

Date (DD/MM/YYYY)