



Athens StepUP Volunteer Application

Please complete this form and forward to:
Athens StepUp Scholarship Program
PO Box 49926 Athens, GA 30604
or email athensstepup@gmail.com

Thank you for your interest in volunteering with the Athens StepUp Scholarship Program. Please tell us a little about yourself by completing this application. All personal data submitted is confidential.

Please include your full name as written on your government issued identification. Please avoid using nicknames or aliases.

**Please print clearly

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Phone: _____

Email Address: _____

Occupation: _____

How did you hear about us? _____

Volunteer experience: _____

Other Professional Memberships, Offices, Positions, Etc: _____

What special skills, experiences, etc do you feel would make a great addition to our organization and mission? _____

Please allow us ample time to review applications of each person of interest. If chosen you will be contacted by a board member.