



# Asosiyasyon Fanm Ayisyen nan Boston (AFAB)

*Association of Haitian Women in Boston*

## AFAB Volunteer Application

### Contact Information

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

### How did you hear about AFAB?

- Friend
- Social Media
- Word of Mouth
- Brochure
- Other

Details: \_\_\_\_\_

### What kind of work are you interested in?

- Community Organizing
- Tutoring
- Office Support
- Organizational Development
- Other

Details: \_\_\_\_\_

### Please tell us why are you interested in this type of work?

**What skills, talents, and interests would you bring to this volunteer experience?**

**What kind of support do you need to be an effective AFAB volunteer?**

**What is your availability (Sunday through Saturday)?**

**What date can you start? \_\_\_\_\_**

Please email your completed and saved form to [office@afab-kafanm.org](mailto:office@afab-kafanm.org).  
An AFAB staff member will contact you to discuss your application.