



National Organization of Sisters of Color Ending Sexual Assault (SCESA)

VOLUNTEER APPLICATION FORM

Name: _____

Street Address: _____

City: _____ State/Territory: _____ Zip Code: _____

Email: _____ Phone (best number to reach you): _____

Race/Ethnicity (optional): _____

Please tell us about your education:

School attending:

Major Concentration/Areas of Study:

Are you currently a full-time _____ OR part-time _____ student? *(please check one)*

What is your current grade level: ___ First year ___ Sophomore ___ Junior ___ Senior ___ Grad Student?
(please check one)

Please tell us why you are interested in volunteering with SCESA.

Please tell us about your Availability:

School attending:

Major Concentration/Areas of Study:

Are you currently employed? Full time Part-time Not Employed *(please check one)*

Which Semesters are you interested in working with us: Fall Winter Spring
 Summer *(please check all that apply)*

Please send completed application via email to Val Fergus at scesaprograms@sisterslead.org

[CLICK HERE TO SUBMIT APPLICATION](#)