



Friends of the Foundation Volunteer Application

Date: _____

(Ms., Mrs., Mr.) Name: _____ Home Phone: _____

Cell Phone: _____ Best Time to Call: _____

Address: _____
City State Zip

E-mail Address: _____

Current Employer(s): _____

Occupation(s): _____

Interests / Hobbies: _____

Business Phone: _____ May we call you there? Y ___ N ___
(Best time to call)

How did you learn about the D300 Foundation? _____

Other Languages: _____ Speak: _____ Write: _____

Previous Volunteer Experience: _____

Are there any medical limitations on the type of work you can perform? _____

Please Describe: _____

Organizations in which you are now or previously active: _____

We have four categories we serve at the Foundation, please select an area of interest to you.

Literacy _____ Performing and Fine Arts _____ Science & Technology _____

Students Leadership _____

Are you interested in volunteering at one of our fundraiser? Y ___ N ___

Please complete and mail this form to:
D300 Foundation for Educational Excellence
2550 Harnish Dr.
Algonquin, IL. 60102
Or email to: d300foundation@d300.org