

**SAFE Project
Advocate Application
(Please Print)**

Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail _____ Birthday _____

How did you hear about SAFE Project? _____

Why are you interested in volunteering at Safe Project? _____

Do you have any special talents or skills that you feel might be especially useful to the SAFE Project? (e.g., grant writing, fundraising, working with kids, etc.)

Does SAFE advocate training fulfill an academic requirement for volunteer hours?

Yes _____ No _____

If yes, how many hours are required? _____

Does SAFE advocate training fulfill a different mandated requirement for volunteer hours?

Yes _____ No _____

If yes, how many hours are required? _____

Are you interested in carrying a cell phone several times a month (12-hr shifts) to help us with our 24-hr hotline?

Yes _____ No _____

Please return this application with RSVP to:

PO Box 665
Laramie, WY 82073-0665

Or bring to the SAFE office at:

319 S. Lincoln Street
Laramie, WY 82070