

PARENTS AND FRIENDS OF EX-GAYS & GAYS (PFOX)
Volunteer Application

If interested in volunteering for PFOX, please send completed application to:
PFOX, Box 510, Reedville VA 22539 or pfox@pfox.org

Name: _____

Age: _____

Address: _____

City, State, Zip: _____

Day Phone: _____ Evening Phone: _____

Occupation: _____

E-mail Address: _____

Education Background: _____

Previous Volunteer Experience: _____

Skills: _____

Areas of interest: _____

Days/Hours Available: _____

Is there a particular type of volunteer work you are interested in: (check all that apply)

General office assistance Public speaking/training Writing letters

Fundraising Schools Transcribing

Research CPA, accounting, budget Lobbying

Distribute PFOX brochures to your church, PTA, library, groups, etc.

Help PFOX put ex-gay billboards in your area Graphics

Host a PFOX exhibit booth in your area Grant writing

Other (Specify): _____

How did you find out about PFOX?

Why are you interested in volunteering for PFOX?

Do you have any particular skills that you would like to use? How would you like to use your skills?

What issues concern you? How do you think PFOX can address those issues?

Note: As a volunteer for PFOX, I realize that I may learn information about the PFOX organization, staff and volunteers, and that all information must be considered confidential. I agree not to discuss any such information with anyone unless authorized to do so by PFOX. All the information in this application is accurate to the best of my knowledge.

Signed: _____