



A Program of Alliance for Community Transformations

Friends of Valley Crisis Center Membership Application

(Lack of experience does not disqualify a person from joining)

Name: _____ Date: ____/____/____

Phone Number: (____) _____ - _____ Email: _____

1. Why are you interested in becoming a member of Friends of Valley Crisis Center (Friends of VCC) fundraising group?

2. Do you have any experience in working with non-profits?

3. Do you have any experience in planning a fundraiser or reaching out to the members in your community to obtain donations or sponsorships?

4. Would you be available to meet in the evenings and help us plan our fundraisers?
