

Availability

Earliest Start Date _____ Latest End Date _____ Days available to volunteer:

Monday Tuesday Wednesday Thursday Friday

Schedule preference _____

Work/Volunteer Experience

Please use the space below to outline the following:

- Current/previous work/volunteer experience. Be sure to include your position, the name of the organization, your duties, and length of employment/service.
- Any relevant skills, experience, training, or hobbies
- Licenses/Certificates

Include an additional attachment, if necessary.

References (Please exclude relatives and friends)

Name _____ Email _____ Phone _____

Name _____ Email _____ Phone _____

Please return completed application to Elizabeth Coleman at ecoleman@mdah.state.ms.us.

---Office # 601-576-6985---