



VALLEY CRISIS CENTER

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 the 1st and 3rd Thursday of every month at 6pm, and be able to assist with any fundraisers we are putting on?