

ACTION OHIO COALITION FOR BATTERED WOMEN
www.actionohio.org

Helping Children Heal Storybook Collection Project VOLUNTEER STORYTELLER APPLICATION

Please print or type your responses & fax, e-mail or mail your application to ACTION OHIO
(Fax 614 221-6357, actionoh@ee.net, 36 W. Gay St., Ste. 311, Columbus, OH 43215-2840).

A resume or bio in addition is optional.

For questions, call (614) 221-1255.

Name _____

Mailing Address _____

Phone/Fax/E-mail _____

Current Employment _____

Current Volunteer Position/s _____

Educational Background and/or Special Training

Former Employment and/or Volunteer Experiences (that might be relevant to the Project)

Please write a brief statement telling why you want to become a Storyteller for ACTION OHIO's Project, highlighting your special talents, knowledge, skills & personal values or goals:

(Optional) Other Information and/or Comments: (You may submit separate page.)
