



PO Box 5315, Greensboro, NC 27435

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

How did you hear about our organization? \_\_\_\_\_

### **Skills and Interest**

Current Occupation: \_\_\_\_\_

Educational Background: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

What skills do you have that you feel will be helpful to you as a volunteer with our program?  
\_\_\_\_\_

Why are you interested in volunteering with our program?  
\_\_\_\_\_

Are you interested in working with a specific ethnic group? Why?  
\_\_\_\_\_

Please list any cross-cultural experiences. \_\_\_\_\_  
\_\_\_\_\_

What languages can you speak, write, or understand? \_\_\_\_\_  
\_\_\_\_\_

### **Please check the volunteer experiences that interest you**

- Teach English one-on-one with a refugee or immigrant
- Teach English to a small group, 2-5 students
- Assist an instructor in an adult ESOL classroom setting
- Assist an instructor in an early childhood class setting
- Serve as an interpreter
- Help with clerical work or materials development
- Assist with cultural orientation
- Help organize a fundraiser or donations drive
- Your ideas \_\_\_\_\_

### **Availability**

At what times are you interested in volunteering?

- morning     afternoon     evening     flexible     weekdays     weekends

How often can you volunteer?

- more than once a week     once a week     twice a month     once a month

When can you begin your volunteer commitment? \_\_\_\_\_



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Are you volunteering as part of a school or club activity/assignment?

yes no (if no, skip to next section)

If yes, please explain: \_\_\_\_\_

Who is your professor or sponsor? \_\_\_\_\_ Phone: \_\_\_\_\_

What are the requirements for your program?

Time required:  total of 20 hours  total of 40 hours  1 semester  other \_\_\_\_\_

Other requirements: \_\_\_\_\_

**References**

Please list the name and phone number of 2 personal references.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**For Office Use**

Interviewer Comments: \_\_\_\_\_

\_\_\_\_\_

Est. hours/week: \_\_\_\_\_ Est total weeks: \_\_\_\_\_ Est total hours: \_\_\_\_\_

Background check:  yes  no Reference check:  yes  no

Volunteer Placement date: \_\_\_\_\_ Volunteer position: \_\_\_\_\_

State date: \_\_\_\_\_ time: \_\_\_\_\_

Reports to: \_\_\_\_\_