



PO Box 5315, Greensboro, NC 27435

**VOLUNTEER / INTERN APPLICATION**

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

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

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

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

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

**Skills and Interest**

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

Education Background/current enrollment: \_\_\_\_\_

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

What skills or experience serving refugees do you have that you feel will be helpful to you as a volunteer serving at NAI? \_\_\_\_\_

Why are you interested in volunteering with NAI programs?  
\_\_\_\_\_

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

Please list any cross-cultural experiences no matter how small. \_\_\_\_\_

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

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

- Assist an instructor in an adult ESOL classroom setting
- Serve as an after-school tutor / mentor for students ages 6-18
- Assist an instructor in an early childhood class setting for infants/toddlers or ages 3-5
- Help organize a donations drive or fundraising event
- Serve in the Summer Program for ages 6-15 (Summer Literacy Art Music and Movement- SLAMM)
- Serve in the preschool class for ages 3-5 with Children's Enrichment (Art, Music, Reading, etc)
- Lead a group in a project for *GROWING PEACE: Community & Children's Outdoor Learning Space*
- Helping with the Community Garden
- Help with clerical work or materials development
- Your ideas \_\_\_\_\_



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**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? \_\_\_\_\_

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

yes     no (if no, skip to next section)

If yes, will you be an intern?     Yes     No

If Yes, what field of study? \_\_\_\_\_

If needed, 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 \_\_\_\_\_

**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: \_\_\_\_\_