



INSTITUTO VOLUNTEER APPLICATION

FOR OFFICE USE ONLY

Received By: _____
Received Date: _____
Placement Date: _____
End Date: _____

DIRECTIONS:

1. Use blue or black ink.
2. Print clearly.
3. Please complete and sign Part 1.
4. Return completed form to certifying official.

PART 1 (Applicant: Please Complete)

NOTE: Please know that all of the information that you provide on this application is voluntary and you may opt out of disclosing any of the information asked below. Attach a resume to this application, relevant certificates, or any other information of importance.

1. Name: _____
Last First MI

2. Position you are applying for: _____

3. Date of Birth: _____
Month Day Year

4. Current Address: _____
Number and Street City State Zip Code

Is this address permanent? ___ Yes ___ No: _____
Please explain, or include permanent address.

5. Phone: _____ Other: _____

6. Email Address: _____ Preferred Method of Contact: _____

7. Gender: ___ Male ___ Female ___ Other: _____

8. Race: ___ American Indian or Alaska Native ___ Native Hawaiian or Other Pacific Islander
___ Black or African American ___ White
___ Asian ___ Other: _____

9. Ethnicity: ___ Hispanic origin ___ Not Hispanic Origin

10. Education Status: ___ Less than high school completed ___ GED
 ___ High school graduate ___ Some college
 ___ Technical school/apprenticeship/vocational/certification
 ___ Associates degree (AA) ___ College graduate
 ___ Some graduate school ___ Graduate degree
 ___ Professional degree (medical, law)
 ___ Other: _____

Are you currently enrolled in school or other educational program? ___ No
___ Yes: _____
 Educational institution/program (feel free to include schedule, and if full or part-time)

List any special trainings or certifications that you think are relevant to the volunteer position you are applying for: _____

11. Do you have a disability: ___ No ___ Yes: _____

12. Occupation: _____

13. Are you currently employed? ___ No ___ Yes Dates: _____
Employer: _____
Position Title: _____

14. Have you ever been employed at Instituto? ___ No ___ Yes Dates: _____
Position Title: _____
Department: _____ Site Supervisor Name: _____

15. Have you ever volunteered at Instituto? ___ No ___ Yes Dates: _____
Position Title: _____
Department: _____ Site Supervisor Name: _____

16. List previous volunteer experience: _____

17. How did you hear about the volunteer opportunities here at Instituto del Progreso Latino? _____

18. How many volunteer hours are you looking to complete and by when? _____

19. Volunteer Availability

Mark what hours on the days that you're available:

Mondays: _____ Tuesdays: _____ Wednesdays: _____
Thursdays: _____ Fridays: _____ Saturdays: _____

20. How soon can you start? _____

21. Are you able to pass a background check? Yes
 No: _____

Please explain.

22. Areas of Interest

Tutoring (Circle One: Elementary School / High School / Adult Education)

Please specify your academic areas of interest or specialty: _____

Citizenship Drives/Workshops/Preparation Computer Information Technology

Facility Maintenance Building Security Program Research

Community Outreach Special Event Committees Work with Board of Directors

One Time Special Events Administrative (Circle One: Office / Business / Accounting)

AmeriCorps Other: _____

23. References

Name: _____ Title: _____

Company/Organization: _____

Your relationship to this person: _____

Contact info (phone and/or email): _____

Name: _____ Title: _____

Company/Organization: _____

Your relationship to this person: _____

Contact info (phone and/or email): _____

By signing this volunteer application I agree, if asked, to provide information to verify the accuracy of my completed form. I understand that a knowing and willful false statement on this form may prevent me from occupying any current or future volunteer /employment opportunities.

Applicant Signature: _____ Date: _____

PART 2 (Certifying Official: Please Complete and Sign)

This section must be signed by an authorized certifying official. Instituto must designate certifying officials.

1. Is applicant eligible for a volunteer position at Instituto? ___ Yes
 ___ No: _____
 Please explain.
2. Volunteer Type: ___ Volunteer ___ Intern ___ Paid ___ Other: _____
3. Anticipated Start Date: _____
4. Placement: _____
 Program / Site / Site Supervisor
5. Proposed Schedule: _____
6. Notes:

By signing this volunteer application I agree, if asked, to provide information to verify the accuracy of my completed form. I understand that a knowing and willful false statement on this form may prevent me from occupying any current or future volunteer /employment opportunities.

Signature of Certifying Official: _____ Date: _____