



Application: Volunteer Packet - Short

Volunteer Program 2015-2016

Coalition for Refugees from Burma

VOLUNTEER APPLICATION

The information you provide in this application form is confidential and for internal use only. Thank you for your time in completing this application!

PART I. Volunteer Contact Information

Name:	Address:
Home Telephone:	Business Telephone:
Cellular Telephone:	Email Address:
Best Time to Contact:	Preferred Method of Contact:

Who should we notify in case of emergency?

	Emergency Contact #1	Emergency Contact #2
Name		
Relationship		
Phone		
Email		



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PART II. Volunteer Availability

Please indicate your availability below by placing an "x" in the timeslots you are available to volunteer (be as honest and realistic as you can). Please only provide the hours you are truly able to volunteer, not the amount of hours you have available in general during the week:

Time	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
9:00am							
9:30am							
10:00am							
10:30am							
11:00am							
Noon							
12:30pm							
1:00pm							
1:30pm							
2:00pm							
2:30pm							
3:00pm							
3:30pm							
4:00pm							
4:30pm							
5:00pm							
5:30pm							
6:00pm							
6:30pm							
7:00pm							

Are you able to make at least a three-month commitment to volunteer with CRB?

☐ YES

☐ NO

If not, please state why:

Are you able to make a longer commitment?

☐ YES

☐ NO



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PART III. Volunteer Skills, Interests and Preferences

In which areas are you best suited/interested to volunteer?

(Please rank from 1-5, with 1 being most suited/interested, 5 being the least suited/interested):

_____ Clerical / Administrative

_____ Adult ESL Tutor

_____ Youth Tutor

_____ Driving / Transportation

_____ Adult/Family Mentor

_____ Youth Mentor

_____ Special Event Coordination

_____ Fundraising

_____ Job Development

_____ Technology Trainer

Please share your highest year of formal education completed and major/subject areas of interest:

Please list any current or previous volunteer work or community activities:

Why are you interested in working with refugee communities?

What qualities do you believe you possess that will help you in your time with CRB?

Please list any special skills, qualifications, trainings or certifications that would be beneficial to CRB clients during your volunteer service OR that you would like to bring to your volunteer work:

Is there a particular age group or family size with which you would like to work? Please explain.



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PART IV. Additional Information

Do you have any special requirements (such as timesheets or paperwork for college credit) or require any special accommodations when volunteering? Please explain the details below:

Do you have access to a car?

How did you learn about volunteer opportunities with CRB?

Would you be willing to help collect donations, monetary or in-kind, for refugee families through your workplace, school, community group, or other?

If yes, please list organization(s) and type of donation(s):

PART V. References

Please list **at least two references** who know you well (other than relatives), preferably for whom you have worked in either a paid or volunteer capacity.

	Name	Email address	Phone	Relationship
1.				
2.				
3.				

PART VI. Interest

In the space provided below, please briefly state which position you are interested in applying for.

Thank you!