



CARE

CAN

WILL Make a Difference

WORK INITIATIVE AND ENTREPRENEURSHIP (WIE) INC., USA.

34 W 134th Street. New York, NY 10037

Phone # 914 346 6868; Email: wiecare.usa@gmail.com

Volunteer Application

Thank you for your interest to be a volunteer in the wie organization and wiecare initiatives. Your interest, time, talent, and treasure mean so much to many in-need and at-risk youth and young adults who are left behind, neglected, and lack adequate familial, social and economic support and attention. Your interest in them matters.

Applicants should complete and submit this volunteer application form online or print out, complete, and mail it to the address above. Once your application is received, it will be reviewed. You will be contacted by a wie representative for an in-person or video orientation with one or more members of the Executive Board identified in our website.

Last Name: _____ First: _____ M.I.: _____ Gender: _____

Address: _____

City and State: _____ Zip code: _____ Country: _____

Phone #: _____ Email: _____

Marital Status: _____ Social Security No.: _____ Ethnicity: _____

Are you a citizen of the United States? ☐yes ☐no If no, are you authorized to work in the U.S.? ☐YES ☐NO

Have you ever been convicted of a felony? ☐yes ☐no

If yes, explain:

What is your

age range? ☐25 -35 ☐36 – 45 ☐46 – 55 ☐56 – 65 ☐66 – 75 ☐76 – 85 ☐86 + ☐

Name of current

Employer

Address: _____

from: _____ To: _____ Employer Phone # _____ Email: _____

Any Other

Employer

Address: _____

From: _____ To: _____ Employer Phone # _____ Email: _____

Please list two references

Full Name: _____ Relationship: _____

Company /

Address: _____ Phone: _____

Full Name: _____ Relationship: _____

Company /

Address: _____ Phone: _____

DO WE HAVE YOUR PERMISSION TO CONTACT YOUR EMPLOYER/S AND REFERENCES? YES ☐; NO ☐

Please chose the Volunteer assistance you want to Provide. You can choose more than one

Explain:

COACHING/
MENTORSHIP

☐

Explain:

COUNSELING

☐

Explain:

TECHNICAL/
PROFESSIONAL

☐

Explain:

EVENT PLANNING

☐

Explain:

LIFE-TIME
SUPPORTER

☐

Explain:

OTHERS

☐

Comments/Remarks

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to my participation in volunteer program or activity in the WIE organization, I understand that any false or misleading information in my application or interview may result to criminal charges and the termination of my services and relationship with WIE organization and its affiliates.

Signature: _____ Date: _____