



To guide refugees and immigrants in the journey toward self-determination and social equality

Volunteer Application

Contact Information

Name			
	(first)	(middle initial)	(last)
Street Address			
City, ST, ZIP Code			
	(city)	(state)	(zip)
Best phone number to reach you	() -	-	
E-Mail Address			

Education

Are you currently attending school? _____ Yes _____ No

High School	(Name of school)	(location)
College/University	(Name of school)	(location)
Major(s):		
University (post graduate)	(Name of school)	(location)
Professional Qualifications		

Placement Information

Why are you interested in becoming a CAPIUSA volunteer?

What organization(s) do you belong to?

Check all that apply:

I prefer to:

Work with the public

Work on an individual project

Work with children

Work on technology projects

Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekday evenings

Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

Administration

Events

Field work

Fundraising

Deliveries

Phone bank

Newsletter production

Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Physical Requirements

Do you have any health issues that might limit your activities? *Example:-injury, food allergies*

Please explain:

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

CAPI INTERNAL USE ONLY

<i>Authorized by</i>	
<i>Issuing Department</i>	
<i>MCW</i>	
<i>Background check approved:</i>	