

35 West Huron Street Suite 100 – Pontiac, MI 48342 – Phone (248) 858-7800, ext. 300

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**CMLF Volunteer Application Form**

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

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

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in volunteering at Centro?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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How did you hear about us?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activities you may be interested in participating:**

\_\_ Interpretation \_\_ Events \_\_ Food bank

\_\_ Doing translations \_\_ Office work \_\_ Marketing & Design

\_\_Client accompaniment \_\_ Job search \_\_ Organize donation drives

\_\_Related to mental health (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Teaching a class (mention areas you would like to teach): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Availability**:

Monday Mornings\_\_\_\_\_ Afternoons\_\_\_\_\_ Evenings\_\_\_\_\_

Tuesday Mornings\_\_\_\_\_ Afternoons\_\_\_\_\_ Evenings\_\_\_\_\_

Wednesday Mornings\_\_\_\_\_ Afternoons\_\_\_\_\_ Evenings\_\_\_\_\_

Thursday Mornings\_\_\_\_\_ Afternoons\_\_\_\_\_ Evenings\_\_\_\_\_

Friday Mornings\_\_\_\_\_ Afternoons\_\_\_\_\_ Evenings\_\_\_\_\_

Weekends Mornings\_\_\_\_\_ Afternoons\_\_\_\_\_ Evenings\_\_\_\_\_

Length of time (6 months, 1 year, indefinite): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the following information:

**Education:**

|  | **Name & Address of School** | **Course of Study** | **# of Years Completed** | **Diploma/ Degree** |
| --- | --- | --- | --- | --- |
| **High School (GED)** |  |  |  |  |
| **Vocational/ Technical** |  |  |  |  |
| **College/ University** |  |  |  |  |
| **Graduate/ Professional** |  |  |  |  |

**References:**

|  | **Name** | **Address** | **Phone Number** | **Relationship** |
| --- | --- | --- | --- | --- |
| **1** |  |  |  |  |
| **2** |  |  |  |  |

**Employment/Volunteer Experience:** (List 2 that are most relevant to this application)

Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Performed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any certificate/specialized training? Please list training below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Technical Experience (add a percentage with level of proficiency or how comfortable you feel)**:

Word \_\_\_\_\_ Excel \_\_\_\_\_ Power Point \_\_\_\_\_ Web design\_\_\_\_\_

Social Media \_\_\_\_\_ Canva \_\_\_\_\_ Google Suite \_\_\_\_\_ Other software \_\_\_\_\_\_\_\_\_\_\_\_

Please read the following statements and sign below:

* I understand that Centro Multicultural la Familia will perform criminal background checks and I agree to provide, upon request, the information necessary for the checks to be performed.
* I understand that the results of the criminal background checks may affect my acceptance as a volunteer at Centro Multicultural La Familia.
* I have read over my answers on this application form and affirm that they are true and accurate to the best of my knowledge.
* I hereby authorize Centro Multicultural La Familia to inquire and verify any information on this application or other I submit as part of this application process.
* I understand and agree that, if I am selected as a volunteer, the making of any false or misleading statements, including the failure to disclose information as requested, (in this application or during the application process) may result in my volunteer termination at any time.
* I understand that I will be required to present valid photo identification in order for my submitted application to be fully accepted.

Date: \_\_\_\_\_\_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Photographs of Centro Multicultural La Familia’s volunteers are occasionally taken for use in internal and/or external publications/media. Please sign below if you agree to be photographed for such purposes:

Date: \_\_\_\_\_\_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For volunteers under the age of 18**

I understand that my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, is applying to volunteer and I agree to his/her participation in the opportunities offered at Centro Multicultural La Familia.

Date: \_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby give approval for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to be photographed for use in Centro Multicultural La Familia’s internal and/or external publications/media.

Date: \_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_