

INDO-AMERICAN CENTER

Volunteer Information Form

Name: _____ **Today's Date :** ____/____/____

Street Address: _____ **City:** _____ **State:** _____

Zip Code: _____ **Home Phone Number:** _____

Occupation: _____ **Place of Employment:** _____

Work Phone Number: _____ **E-mail Address:** _____

Can mail be sent to you at the above addresses? (Circle one) YES NO

Can the IAC contact you at the above telephone numbers? (Circle one) YES NO

Please list your emergency contact information:

Name of contact	Relation to you	Phone number	Alternate Phone # (s)

Please list your previous volunteer experiences, including the agency or institution:

Please list any classes, experiences or training that might aid you as an IAC volunteer:

Please list any foreign languages you know, indicating if you can speak, read or write them:

Please indicate the area(s) in which you would be interested in volunteering, ranking them from 1 to 5:

- Adult English Literacy Classes** **Kids' Academic Tutoring Program**
 Senior's Programs **Computer Literacy Classes** **Music/Dance/Theater**
 Teen Programs **Legal Clinic** **Employment Assistance**
 Library/Reading Room **Yoga Classes** **Other Classes/Programs**

Please indicate the frequency with which you would like to volunteer:

- Weekly** **Monthly**
 Bi-weekly **One-time service opportunities**

Please indicate the days and times you would be available to volunteer:

Monday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Do you know of anyone that is interested in volunteer opportunities?: YES NO

If yes, please list their name and contact information below:

Name of person	Relation to you	Phone number	E-mail address

If you are interested in teaching, what kind of classroom setup would you prefer:

- one-on-one** **small group** **classroom** **no preference**

Would you be interested in working in a volunteer team where each of you would come on alternating days? YES NO

Misc. Notes/Suggestions:
