



INSTITUTO DEL PROGRESO LATINO

For office use:
Received by:
Entered:
Assigned To:

Volunteer Application

Name: _____ Date of Birth: _____
Address: _____ Phone Day: _____
City: _____ Phone Evening: _____
State: _____ Zip Code: _____ Emergency Contact: _____
Emergency Contact Relationship: _____
Email address: _____ Emergency Phone: _____

Employment Information

Employer: _____
Contact Name: _____ Department: _____
Address: _____ Phone: _____

Skills and Experience

Occupation: _____
Education: _____
Organizations: _____
Hobbies and Skills: _____
Languages: _____
Previous Volunteer Experience: _____

Areas of Interest

- Tutoring**
 - GED Preparation
 - Citizenship Preparation
 - English Literacy
 - Spanish Literacy
- One-time Special Events**
- Citizenship Drives/Workshops**
- Mentoring**
- Youth After School Program**
- Work with Board of Directors**
- Work on Event Committees**
- Other** _____

Volunteer Availability

- Weekdays:** (Circle) Mon. Tues. Wed. Thurs. Fri.
 - Morning Hours _____ Afternoon Hours _____
 - Weekends**
 - Flexible** (Indicate Hours) _____
- _____
- _____

Miscellaneous

How did you hear about the volunteer opportunities at Instituto del Progreso Latino:

Signature: _____ Date: _____