



Puertorriqueños Unidos en la Distancia
United in the Distance
Volunteer Application

Contact Information

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

Availability

During which hours are you available for volunteer assignments?

Weekday: _____ mornings _____ Afternoons _____ Evenings

Weekend: _____ mornings _____ Afternoons _____ Evenings

Others: *Please specify:* _____

Interests

Tell us in which areas you are interested in volunteering

- | | | |
|--|--|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Events | <input type="checkbox"/> Phone bank | <input type="checkbox"/> Deliveries |
| <input type="checkbox"/> Mano Amiga Project/Field work | <input type="checkbox"/> Newsletter production | <input type="checkbox"/> Other |

Special Skills or Qualifications

- Are you bilingual? Yes _____ No _____ Languages: _____
- Do you have experience working in case management? Yes _____ No _____
- Do you have a valid driver license? Yes _____ No _____

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. **(Please attached your resume)**

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	

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.