



Celebrate. Educate. Empower.

VOLUNTEER/INTERNSHIP APPLICATION FORM

Interview Date: _____

Intake Staff: _____

1. GENERAL INFORMATION

First Name:

Last Name:

Address:

City:

State:

Postal Code:

Home #:()

Business #:: ()

ext.

Cell#: ()

Email:

What is your preferred method of communication?

Mail

Phone

Fax

E-mail

Language(s) spoken:

Education and Professional/Personal Affiliations

• High School:

• College:

• Graduate School:

• Professional/Personal Affiliations:

• Employment

Employed

Retired

Seeking work

Student

Other

• Company/School Name:

• Address:

• Current title/position:

Emergency Contact:

Name:

Relationship:

Address (Optional):

Phone #: ()

How did you find out about the Korean American Community Services?

Word-of-mouth

Friend/Family members

Website/E-listserve

Work place

Special Event _____

Media

Other _____

Describe your reasons for wanting to volunteer with Korean American Community Services

2. EXPERIENCES/INTERESTS

Previous Volunteer Experience

1) Organization: _____ Years: _____

Your duties & Responsibilities:

2) Organization: _____ Years: _____

Your duties & Responsibilities:

3) Organization: _____ Years: _____

Your duties & Responsibilities:

Please indicate the type of work you are most interested in helping the KACS with:

- | | |
|--|---|
| <input type="checkbox"/> Office Administration | <input type="checkbox"/> Technical Support |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> ESL/Citizenship Teaching/Tutoring | <input type="checkbox"/> Computer Class Teaching/Tutoring |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Other _____ |

Please select your level of skill or experience in the following areas:

None = Have no experience

Intermediate = Have at least 6 months experience

Basic = Have less than 6 months experience

Advanced = Have at least one year experience

	None	Basic	Intermediate	Advanced
Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Software (MS Office)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Database Software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Art/Design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpretation/Translation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Event Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Publicity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. AVAILABILITY

Please tell us about your availability:

Start date: _____ End date: _____ Hours per week: _____

Please indicate dates/times when you could be available for volunteering.

- Monday: From _____ A.M. / P.M. To _____ A.M. / P.M.
- Tuesday: From _____ A.M. / P.M. To _____ A.M. / P.M.
- Wednesday: From _____ A.M. / P.M. To _____ A.M. / P.M.
- Thursday: From _____ A.M. / P.M. To _____ A.M. / P.M.
- Friday: From _____ A.M. / P.M. To _____ A.M. / P.M.
- Weekends: From _____ A.M. / P.M. To _____ A.M. / P.M.

4. References

Please provide two references. These should be an employer/supervisor or an individual known through community involvement that you have known for at least 6 months.

Name: _____ Relationship: _____
Address: _____ Phone: (_ _) _____

Name: _____ Relationship: _____
Address: _____ Phone: (_ _) _____

May we contact these people without further authority from you? Yes / No

5. AGREEMENT

I hereby agree to provide this information for the purpose of assigning duties, record keeping and correspondence relative to Korean American Community Services. I understand that personal information will not be used or disclosed for purposes other than those for which it is collected or as required by law.

I am volunteering my services to Korean American Community Services. I hereby release Korean American Community Services, its officers, directors, employees, employees, advisors, agents, donors, and volunteers from any liability for any loss, cost, or damage to me or my property arising out of or in connection with my activities and/or time spent at Korean American Community Services or in connection with any volunteer work.

I understand that in the daily operations of Korean American Community Services, I may have access to highly sensitive and confidential information. It is expected that at no time will I disclose, directly or indirectly, confidential and proprietary information about Korean American Community Services, its employees and its donors. All documents and other materials relating, directly or indirectly, to any confidential information that is used, prepared, or learned shall remain the sole and exclusive property of Korean American Community Services. If I am contacted by a member of the media, lawyer or judicial process, to disclose information about Korean American Community Services, I agree to immediately notify Korean American Community Services.

I acknowledge and agree to abide to the terms of this agreement.

I hereby certify that all information included in this application form is true and correct, and has been given voluntarily.

*Signature: _____ Date: _____

**Applicants under the age of 18 are required to have a Parent/Guardian sign this form.*

Thank you for your interest in volunteering with Korean American Community Services!