

VOLUNTEER APPLICATION

Circle One: Mr. Mrs. Ms.	Full Name (Please Print Clearly):	
Home Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
E-mail Address:		
Highest Level of Education Completed: _____	Diploma/Degree:	Y N
College/Other: _____	Diploma/Degree:	Y N
If yes: Type of Degree and Major: _____		
Emergency Contact Name :	Relationship:	Phone Number:
Volunteer preferences: How much time you would like to volunteer: _____ Hours/Week ___ Project Only Availability: ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri		
<i>What skills would you like to use or develop at DMI?:</i>		
<i>Please place an X next to the position of interest (if you choose more than one, please number according to priority, starting with number 1 as the highest priority).</i>		
___ Teaching or tutoring ___ Computer Technology ___ Arts & Crafts		
___ Music/Audio ___ Visual Arts/Movie Making ___ Sports & Fitness		
___ Technical/Administrative ___ Fundraising ___ Volunteer/Mentor Recruitment		
___ Other Area (Please Specify): _____		

Please mark all that apply:

Specific Skills or knowledge you possess:

___ Computer Skills (Software, Programs and others): _____

___ Teaching/tutoring ___ Administrative Management/Coordination

___ Coaching/training ___ Web Design ___ Computer Tech-hardware/ network

___ General office (phones, filing, programming) ___ Writing/editing

___ Grant writing ___ Graphic design/ desktop publishing ___ Admin assistant

___ Additional Languages spoken/written: _____

___ Other/project specific: _____

Additional skills, experience, or languages you would like to share:

Previous Employment/Volunteer Experience:

Location Name: _____ City, State _____

Dates Worked (mm/yy): _____ Duties: _____

Location Name: _____ City, State _____

Dates Worked (mm/yy): _____ Duties: _____

Release of information:

I consent to the release of all relevant information concerning my ability and fitness to work as a volunteer at DMI Information Processing Center (DMI YOUth CAN). DMI reserves the right to conduct a background or criminal check. I certify that the information given herein is true and correct to the best of my knowledge and belief. I understand that a false answer to any question may be grounds for discharge. I further understand that I may withdraw my application at any time.

Signature

Date