



## VOLUNTEER APPLICATION PACKET

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Email: \_\_\_\_\_

### ABOUT YOU

**Age:**  12-15  16-18  18-21  21 and over

**Important:** Background checks are required for volunteers working with children five or more hours per year. LACC programs working with children only accept groups of volunteers for one-day projects of less than five hours.

**Is there a particular type of volunteer work in which you are interested?** (Check all that apply)

- Administrative/Clerical  Event Planning/Organization  Mentoring/Teaching  
 IT/Web  Other: \_\_\_\_\_

**Is there a person or group you particularly want to work with?** (Check all that apply)

- Toddlers  Children  Teens  Young Adults  
 Adults  Seniors  Other: \_\_\_\_\_

### Education Level:

- High School/GED  Undergraduate  Graduate  Other

### Current Status:

- Unemployed  Employed  Student  Parent  Retired

**If you are employed select which best categorizes your current or immediate past employment:**

- Managerial/Professional (teacher, doctor, etc.)  
 Social Service  
 Law enforcement/ Justice  
 Technical/Sales/Administrative  
 Military  
 Religious  
 Other: \_\_\_\_\_

**Please tell us about yourself:** \_\_\_\_\_

\_\_\_\_\_

**List skills/talents/abilities:** \_\_\_\_\_

\_\_\_\_\_



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### AVAILABILITY

- One-time event                       Weekly                       Monthly

**How many hours do you want to volunteer?** \_\_\_\_\_

**Indicate your ideal volunteer schedule.** (Check, Circle & Fill-in all the info that applies)

- Weekdays:    Mon / Tue / Wed / Thurs / Fri                      Times: \_\_\_\_\_  
 Evenings:       Mon / Tue / Wed / Thurs / Fri                      Times: \_\_\_\_\_  
 Weekends:     Sat / Sun    Times: \_\_\_\_\_

**Have you volunteered/worked here before?**

- No     Yes

If yes, when and what program? \_\_\_\_\_

**What are the reasons for volunteering?**

- Personal                       School Community Service hours     Workforce Development Programs  
(ex: Career Team, Salvation Army, etc)

**How did you hear about us?**

- Referred by employee/volunteer If yes, who? \_\_\_\_\_  
 Website                       Other \_\_\_\_\_

### REFERENCES

Please list the names, addresses, and DAYTIME TELEPHONE NUMBERS of two (2) persons (non-family members) you have known for at least three (3) years either personally or professionally. PLEASE PRINT ALL INFORMATION.

#### **Reference #1**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

No. of Years Know: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### **Reference #2**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

No. of Years Know: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please return completed application packet to:**

Volunteer Coordinator  
Latin American Community Center  
403 N. Van Buren Street  
Wilmington, DE 19805  
Phone 302-655-7338 Fax 302-655-7334  
E-mail: [Volunteer@thelatincenter.org](mailto:Volunteer@thelatincenter.org)  
Website: [www.thelatincenter.org](http://www.thelatincenter.org)