

# VOLUNTEER APPLICATION



The Indiana Latino Institute (ILI) is a non-profit organization. Our mission is to improve health and advance education for the Indiana Latino community through advocacy, research and innovative programs.

The success of ILI relies on staff and volunteers. If you are interested in helping the organization, please fill out this form. We greatly appreciate your generosity!

## Contact Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Hours to call: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Hours to call: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Address: \_\_\_\_\_

## Experience and Educational Background:

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Current High school: \_\_\_\_\_

Current College/ University: \_\_\_\_\_

Any Additional Education: \_\_\_\_\_

Community Affiliations (Clubs, organizations, Etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of or plead guilty to any crime? \_\_\_ No \_\_\_ Yes ( You must include any and all past or current criminal offenses. If "yes," please identify the crime(s), provide the date(s) of the conviction(s):

\_\_\_\_\_  
\_\_\_\_\_

**Availability** (please specify the level of commitment as well as days and times you are available)

Volunteer once a month       Volunteer Once a Week       Special Events  
 Weekday mornings: \_\_\_\_\_  
 Weekday afternoons: \_\_\_\_\_  
 Weekday evenings: \_\_\_\_\_  
 Weekends: \_\_\_\_\_

**Primary Interests** (please tell us how you would like to help)

Administration       Events       Clerical Task  
 Field Work       Fundraising       Newsletter Production  
 Deliveries       Fairs       Internship Activities

**Special Skills or Qualifications** (summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports)

**How did you hear about volunteer opportunities at ILI?**

ILI brochure    Friend/ Family    Radio    Newspaper    Website    Other: \_\_\_\_\_

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

**I agree to interview with ILI staff and to attend a New Volunteer Orientation Session.**

Name (Printed): \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_