

## ► Volunteer Application

Refugee Transitions requires that all prospective volunteers to submit an application in order to be considered or assigned to our community programs and services. Please make sure to complete all sections of this application, where applicable. All information on this application, including your references and your self-assessment evaluation are critical especially during the selection process.

Once you have completed this application, please review all information you have provided for accuracy. Refugee Transitions respects your privacy and we do not share your personal information with any third parties.

Please note:

- Please mail or fax this application to the address/fax number listed above.
- Completion of this application does not assure placement as a volunteer. *Thank you.*

CONTACT INFORMATION		
Last Name	First Name	Middle Initial
Address		Apt. No.
City	State	Zip Code
Home Phone Number	E-Mail Address	

EMERGENCY CONTACT INFORMATION	
Contact Name	Contact Phone Number

PERSONAL INFORMATION		
Age	Birth Date (MM/DD/YYYY)	Place of Birth
Native Language	Other Languages Spoken	
Marital Status (Choose One Only) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Do You Have A Car? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Have you ever been convicted of a felony or a misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, please explain.	
<i>THE QUESTIONS BELOW ARE OPTIONAL.</i>		
Ethnicity	Socio-Economic Status (Circle One) Low Income    Low-Middle Income    Middle Income    Mid-High Income    High Income	



**AVAILABILITY**

**Note: Volunteers are expected to work with students for minimum of 2-4 hours per week**

Times Available (Choose All That Apply)

 Weekdays Weeknights Weekends

Date Available To Start

Expected Hours Available Per Week

**REFERENCES****REFERENCE ONE**

Referee Name

Organization/Company Name

Title

City, State, Zip

Home Phone

Work Phone

**REFERENCE TWO**

Referee Name

Organization/Company Name

Title

City, State, Zip

Home Phone

Work Phone

**SOURCE OF REFERRAL**

If applicable, choose one that applies.

 Employer TV/Radio Friend Flyer Newspaper Volunteer Center Peace Corps Library/Project Read Online Posting

If referred by a school, write in school/university name

If other, please specify.

**AGREEMENT AND SIGNATURES**

Your signature is your "legally-binding contract" to Refugee Transitions that all the information you have provided in your application is your own work, which it is complete, accurate, and completed to the best of your knowledge. In addition, you also agree to the following terms:

- I understand that the agency has to take the best interests of its clients into consideration first. In order to assure their safety and protection, it is the policy of Refugee Transitions to conduct criminal background checks on our volunteers.
- I authorize Refugee Transitions to conduct a background check on myself and I will submit the required fingerprints upon request by Refugee Transitions staff.

Signature

Date (MM/DD/YYYY)

**Please see instructions on the first page of this application for mailing and other instructions.**