



IWS VOLUNTEER APPLICATION

Please Print and Complete Both Sides

First Name: _____ Last Name: _____ Gender _____

Address: _____ Postal Code: _____

E-mail: _____ Phone: _____

Occupation(s): _____

Education/Training: _____

Previous Volunteer/Work Experience: _____

Membership(s) in Associations/Clubs: _____

Languages Spoken: _____

Languages Written: _____

Skills/Interests/Hobbies: _____

Briefly state why you are interested in volunteering with IWS, and what you hope to gain from the experience:

Please check the IWS volunteer work that interests you:

- | | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Teaching Daytime EAL Classes | <input type="checkbox"/> Teaching Evening EAL Classes |
| <input type="checkbox"/> Assisting Daytime EAL Classes | <input type="checkbox"/> Assisting Evening EAL Classes |
| <input type="checkbox"/> One-on-One English Tutoring-Mentorship | <input type="checkbox"/> Children's Activity Leader |
| <input type="checkbox"/> Office Support/Front Desk Assistance | <input type="checkbox"/> General Program Assistance |
| <input type="checkbox"/> Facilitation of Group Sessions | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Organization of Special Events | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> IWS Ambassador: working an IWS booth at city-wide events | |

Are you willing to commit to volunteering for a minimum of 3 months? Yes No



How often would you prefer to volunteer?

- Once a week for 1-3hrs
- Once a month for 1-4 hrs
- Once every two weeks for 1-3hrs
- Other _____

Availability:

- Weekdays M-F between 9am-12pm
- Weekdays M-F between 12pm-4pm
- Weekday Evenings
- Weekends

Please specify any other details pertaining to your availability:

- Do you have a driver's license?** Yes No
- Do you have access to a vehicle?** Yes No

How did you find out about our organization?

- Word of mouth Facebook Newspaper Poster Pamphlet
- IWS Staff/Board/Member (name) _____
- Website _____ Other _____

Please check the box that best indicates how we can show our appreciation.

- Certificate of Appreciation Thank-you Letter Gift Certificate Reference Letter

REFERENCES

1. Name: _____ **E-mail:** _____

Phone: _____ (home) _____ (work) **Fax:** _____

Address: _____

Relationship to you: _____

2. Name: _____ **E-mail:** _____

Phone: _____ (home) _____ (work) **Fax:** _____

Address: _____

Relationship to you: _____

Signature of Applicant: _____ **Date:** _____

