



Multicultural Community Resource Center of Erie Volunteer Application

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Work) _____

(Cell) _____ Email _____

Best way to reach you? Home Work Cell Email

Education: _____

If currently a student, when will you graduate? _____

Are you bilingual? ___ Yes ___ No If yes, English/ _____

Occupation: _____

Check one: ___ Current ___ Previous ___ Retired

Employer: _____

Availability: _____ Hours/week _____ Hours/month _____ Special events only

_____ Days ___ Evenings ___ Weekends ___ Flexible

Hobbies/ Interests _____

Other volunteer experience (current and previous) _____

Volunteer interests (Please check all that apply):

<input type="checkbox"/> Working with adults	<input type="checkbox"/> Writing (creative, technical, journalism)
<input type="checkbox"/> Working with children	<input type="checkbox"/> Art
<input type="checkbox"/> Working with teenagers	<input type="checkbox"/> Music/singing
<input type="checkbox"/> Classroom aide	<input type="checkbox"/> Clerical assistant (filing, organizing, etc.)
<input type="checkbox"/> Tutoring (1 to 1)	<input type="checkbox"/> Computer (data, reports, charts, research)
<input type="checkbox"/> Skill/life training	<input type="checkbox"/> Event planning and organizing
<input type="checkbox"/> Building maintenance	<input type="checkbox"/> Leading tours and field experiences
<input type="checkbox"/> Gardening; working outdoors	<input type="checkbox"/> Fund raising
<input type="checkbox"/> Genealogy	<input type="checkbox"/> Job prep training
<input type="checkbox"/> Visual communications/ displays	<input type="checkbox"/> Athletics
<input type="checkbox"/> Public speaking	<input type="checkbox"/> Other:

Please complete the other side of this form.

Why do you wish to volunteer at the Multicultural Community Resource Center?

Have you or any member of your family or friends been involved in an incident related to Internet safety? If yes, please explain.

Have you ever been convicted of a criminal offense? If yes, please explain.

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of activity? If yes, please explain.

Please list two school or other non-family references who might share information with us on your behalf and with your permission:

1. _____ Phone or Email: _____

2. _____ Phone or Email: _____

Please add any other information that might help us

- determine how we might effectively utilize your skills and background, and
- select a volunteer activity that best fits your interests

Applicant signature: _____ **Date** _____

Please return the completed form to Volunteer Office, MCRC, 554 East 10th St., Erie, PA 16503. Questions? Please call us at 814-455-0212 or send email to tlawrence@multiculturalcrc.org.