



Office Use Only:

Volunteer Assignment:

Other Program Possibilities:

VOLUNTEER APPLICATION

| | | |
|-----------------------------|--------------|-------|
| Contact Information: | | |
| Name: (Last/First) | Date: | |
| Address: (Street) | (Town/St.) | (Zip) |
| Home Phone: | Work Phone: | |
| Cell Phone: | E-Mail: | |

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|--|
| Availability: During which hours are you available for volunteer assignments? |
| Weekdays _____ Weekends _____ |

| | | | |
|--|--------------------------------|--------------------------|--------------------------|
| Interests: Tell us in which areas you are interested in volunteering (check all that apply) | | | |
| <input type="checkbox"/> | COMMUNITY INFORMATION SESSIONS | <input type="checkbox"/> | BOOTCAMP EVENTS |
| <input type="checkbox"/> | Pathway to College | <input type="checkbox"/> | SAT / ACT Prep |
| <input type="checkbox"/> | The Admission Process | <input type="checkbox"/> | College Essay Writing |
| <input type="checkbox"/> | Paying for college | <input type="checkbox"/> | FAFSA Application |
| <input type="checkbox"/> | Achieving Success in College | <input type="checkbox"/> | Common Application |
| <input type="checkbox"/> | VOLUNTEER COLLEGE "COACH" | <input type="checkbox"/> | FUNDRAISING EVENTS |
| <input type="checkbox"/> | SAT / ACT TUTOR | <input type="checkbox"/> | ADMINISTRATIVE VOLUNTEER |
| <input type="checkbox"/> | STUDENT MENTOR | <input type="checkbox"/> | |

| | | | |
|---|--|--------------------------|---|
| Special Skills or Qualifications: Do you have specific skills/interests/ or experience that you believe could be beneficial to Latino U College Access | | | |
| <input type="checkbox"/> | Experience with college admissions process | <input type="checkbox"/> | Computer Skills |
| <input type="checkbox"/> | FAFSA experience | <input type="checkbox"/> | Non Profit experience (describe below or on reverse side) |
| <input type="checkbox"/> | Accounting / finance experience | <input type="checkbox"/> | |
| <input type="checkbox"/> | SAT / ACT tutoring | <input type="checkbox"/> | Other |
| Bilingual? ___ Spanish ___ Other | | | |

How did you hear of LATINO U COLLEGE ACCESS?

___ Friend ___ Newsletter ___ E-Newsletter ___ Newspaper Article ___ Other (Please Detail : _____)

What is your main motivation for volunteering at Latino U College Access?

Community Service

Help Latino Community

Want to improve/practice Spanish

Other (Please detail)

Previous Volunteer/Work Experience:

Our Policy: It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

I acknowledge that I have applied to volunteer my services in the programs of Latino U College Access, a non-profit organization dedicated to making college aspirations a reality for first-generation Latino students. I acknowledge that I am not an employee of Latino U College Access. I understand that while Latino U College Access takes seriously the need to provide a safe workplace for staff and volunteers, Latino U College Access cannot insulate me from unforeseen circumstances which may cause me harm. I assume the normal risks of such volunteer service and I agree not to hold Latino U College Access responsible for such risks and will abide by the policies and procedures of Latino U College Access. In consideration of the opportunity to volunteer with Latino U College Access, I agree on my own behalf and on the behalf of my representatives, assigns, heirs, and kin to waive, discharge, release and further agree not to sue Latino U College Access (or its officers, directors, employees, agents or volunteers) from any and all responsibility, liability, claims or actions arising out of or in any way related to my volunteer services at Latino U College Access. I further consent to the unrestricted use of any photographs, recordings, interviews, videotapes, motion pictures or similar visual recording of me taken in connection with my volunteer services.

Agreement and Signature:

| | | |
|--------------------|-------|--------|
| Name (printed) | | |
| Signature | Date: | |
| Emergency Contact: | Name: | Phone: |

Thank you for completing this application and for your interest in volunteering with us.