



Date Application Received: _____

Emergency Contact:

Name: _____
Relationship: _____
Telephone: _____

**Latino Educational Training Institute
Volunteer Application**

Personal

Name _____
Last Name *First Name* *Middle Name*

Street Address: _____
City *State* *Zip*

Day Phone _____ Night Phone _____

E-mail _____ Date of Birth _____

Ethnic Background: (Check off the applicable item. This information is voluntary to be used for statistical purposes. It will be kept confidential and no adverse action will result from not furnishing this information.)

- Latino/Hispanic White/Caucasian African-American Asian
- Native American Pacific Islander Alaska Native Other _____

Education/ Work Experience

Present occupation: _____ Student _____ Employed _____ Unemployed _____ Retired

If you are a student, what are you studying?

_____ (Volunteering can count as work experience and we can provide you with a letter of reference.)

Languages Spoken: ___ English ___ Spanish ___ Other (specify): _____

Volunteer Experience: List any previous/current volunteer experience you have:

Related Work Experience:

Volunteer Interest

What are you looking for in volunteering?

I heard about volunteering for LETI from: _____

Date Application Received: _____

Use of automobile: ___ Y ___ N (Volunteer has automobile available for use and suitable insurance.)

Days available to volunteer: ___ M ___ T ___ W ___ Th ___ F ___ Sat ___ Sun

Time Preference: _____ Morning _____ Afternoon _____ Evening

Please list your top three Volunteer Position choices:

- Administrative work
- Outgoing/Incoming Calls
- Marketing Campaign/Fundraising Event
- Math/English Tutor

1st choice _____

2nd choice _____

3rd choice _____

Are there any other considerations that may influence your volunteer placement?

_____ No _____ Yes (please explain)

Have you ever been convicted of a crime or entered a guilty plea to a crime, whether a misdemeanor or felony?

_____ No _____ Yes. If so, what was the crime and when was the conviction?

Do you have any limitations or restrictions that would affect your volunteering experience? ___ No, or describe

Reference (must not be a relative or close personal friend)

Name _____

Phone _____

Address _____

Can we contact this person? Y N

Emergency Contact

Name _____ Relationship _____

Telephone: (_____) _____

Terms of Service

I understand that any offer of volunteer placement is contingent from satisfactory results of a criminal background check. I authorize the investigation of all statements obtained in this application for volunteer placement. I understand that misrepresentation or omission of facts called for hereon will be sufficient cause for cancellation of consideration for volunteer placement or dismissal from the agency's service if I have been placed.

I agree that Latino Educational Training Institute shall not be held liable in any respect if any volunteer placement offer is not tendered, is withdrawn, or is terminated due to falsity of the statements and answers in this application form.

I am advised that in compliance with the Fair Credit Reporting Act, a routine investigation may be made concerning my character, general reputation, personal characteristics, and mode of living. I have the right to make a written request, within a reasonable period of time, for a summary disclosure of the nature and scope of the investigation.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND IT.

Volunteer Services Agreement

The volunteer services agreement is entered into by _____ and Latino Educational Training Institute. I agree to comply with all of Latino Educational Training Institute's policies and procedures and report to work on a timely and consistent basis as agreed.

I will commit to a minimum length of service of ____ **hours per week** for ____ **months** or for the duration of a specified project or program. My dress and conduct will reflect the best of Latino Educational Training Institute's ethical and professional standards.

Volunteer

Date

Volunteer Coordinator • Date Accepted

COMPLETE BELOW ONLY IF VOLUNTEER IS UNDER 18 YEARS OF AGE

Latino Educational Training Institute Volunteer Parental Permission for Minors

My (our) daughter/son has permission to participate in Latino Educational Training Institute's Volunteer program.

The date of his/her most recent *tuberculin* skin test was _____.

I (we) authorize Latino Educational Training Institute to give my daughter/son a *tuberculin* skin test before the beginning of their volunteer assignment.

Name of Minor Applicant

Signature of Parent or Guardian

Date

Printed Name of Parent or Guardian

Emergency Contact Phone #