



New Beginnings Training Program
VOLUNTEER APPLICATION FORM

SECTION I

Name: _____

Address: _____

Home #: (____) _____ - _____ **Cell #:** (____) _____ - _____

E-mail: _____

SECTION II

Previous Volunteer Experience:

Occupation: _____

Other information that will help us make a good match (such as education, general interests/hobbies)

Languages Spoken: _____

Arabic: **Fluent** **Conversational** **Reading/Writing**

Other Languages: **Fluent** **Conversational** **Reading/Writing**

Which areas would you like to volunteer? Please check off as many as desired:

- Teach Conversational English
- Arabic Translations
- Workshop on House-keeping & Hygiene
- Women Dealing with Trauma
- Family and Child Care Support
- Grammar & Communication Skills
- Be a Mentor to Youth
- Be a Mentor to Children
- Help Organize Field Trips with the Families
- Help Organize Multiple Dinner Events
- Help Create Resumes
- Help Search for Jobs

SECTION III

I am Available:

- Mornings** Further Details: _____
- Weekends** Further Details: _____
- Afternoons** Further Details: _____
- Evenings** Further Details: _____
- Other:** _____

SECTION IV

If you would like to volunteer to drive the refugees, please fill out the following section.

Do you have a valid (State) Driver's License? No Yes

If yes, please provide:

License Number: _____

Vehicle Licence Plate Number: _____

Insurance Company: _____

Policy #: _____

Do you have any physical condition that may limit your activities? If yes, please describe below.

SECTION V: CHURCH AFFILIATION

Do you currently attend a church? No Yes

If yes, please complete the following.

Name of Church: _____

Lead Pastor: _____

Address: _____

Phone #: (_____) _____ - _____

SECTION VI: REFERENCES

Please list 2 persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Reference #1:

Name: _____

Address: _____

Relationship:

Reference #2:

Name: _____

Address: _____

Relationship:

SECTION VII

Emergency Contact Information:

Name: _____

Telephone #: () -