



Phalarope, Inc.

Volunteer Application

Applicant's Name: _____

Date: _____ Country: _____

Contact Information

Mailing address: _____

City: _____ State: _____ Zip code: _____

Email: _____

Home phone: _____ Cell phone: _____

Emergency Contact

Name: _____ Relation: _____

Home phone: _____ Other phone: _____

I. Volunteer Talents

A. Which of the following volunteer positions interest you?

- Education
- Soccer Academy coach
- Fundraising
- Administrative/clerical
- Social Media and Marketing
- Technical support

B. Why are you interested in volunteering with Phalarope?

C. Are you fluent in any language other than English (including sign language)?

Yes No *If yes, please list the language(s):* _____



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D. Skills and Interests (Please check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Organizing/Scheduling |
| <input type="checkbox"/> Public speaking with large groups | <input type="checkbox"/> Public speaking with small groups |
| <input type="checkbox"/> Public relations/Communications | <input type="checkbox"/> Research |
| <input type="checkbox"/> Teaching/Training | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> General Office Work | |
| <input type="checkbox"/> Assist individuals/One-on-one direct client service | |
| <input type="checkbox"/> Other _____ | |
-

E. Availability

- On-site*
- From Home Via Skype

Hours per month: 4 or less 5 to 10 More than 10

Preferred days and times:

- | | | |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> Friday | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon |
| <input type="checkbox"/> As Needed | | |



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F. Are you licensed and able to drive an automobile? Yes No

II. Experience

A. Employer Information (include paid and volunteer experience)

Retired Yes No

Company/Organization: _____

Dates of service: From _____ to _____

Contact person: _____ Phone: _____

Paid employee Volunteer

Company/Organization: _____

Dates of service: From _____ to _____

Contact person: _____ Phone: _____

Paid employee Volunteer

B. Education

College/University: _____

Degree: _____

C. Optional

Do you have any medical conditions you would like Phalarope to be aware of? Yes
 No

If yes, please describe: _____

Do you require any special accommodations? Yes No

If yes, please describe: _____



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III. References

Please list two references that are not related to you.

Name: _____ Phone: _____

Name: _____ Phone: _____

V. Declaration

I declare that the information provided and statements made in this application are true and complete to the best of my knowledge and belief. I also declare that I understand that the purpose of the training, I receive as a Phalarope volunteer is to provide services free of charge to Phalarope's clients and their families and not to be used for my personal monetary gain.

Signature: _____ **Date:** _____

Please e mail this form to the address below:

GUATEMALA - Ana Evelyn Mazariegos, MD Country Officer
Email: aemazariegos@phalarope.org

UGANDA - Dorah Nanyombi - Country Officer
Email: dnanyombi@phalarope.org