



# Multicultural Refugee Coalition

Date of Application: _____
Date of Orientation: _____
UW Background Check: Y/N _____
References Returned: _____
Referred to: _____
Date Referred: _____

## VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date of birth (month/day) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Cell Phone \_\_\_\_\_

Is it ok to call you at work? \_\_\_\_\_ FAX \_\_\_\_\_ Email Address \_\_\_\_\_

### Background Information

Current Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Education: (years completed) High school \_\_\_\_\_ College \_\_\_\_\_ Other \_\_\_\_\_

Are you volunteering for class credit? Y/N \_\_\_\_\_ Internship? Y/N \_\_\_\_\_ Hours required \_\_\_\_\_

School or University \_\_\_\_\_ Instructor's name \_\_\_\_\_

Beginning class date \_\_\_\_\_ Approximate date of completion \_\_\_\_\_

Hobbies, interests, special skills \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

How did you hear about MRC? \_\_\_\_\_

Please indicate areas of interest for volunteer work

- |  |  |
|--|--|
| <input type="checkbox"/> Working directly with staff as an assistant | <input type="checkbox"/> Public speaking/writing |
| <input type="checkbox"/> Clerical, administrative support            | <input type="checkbox"/> Special Events          |
| <input type="checkbox"/> Data entry                                  | <input type="checkbox"/> Reception               |
| <input type="checkbox"/> Working directly with clients               | <input type="checkbox"/> Drivers                 |
| <input type="checkbox"/> Translation Services Language(s) _____      |  |

I have a special area of interest I would like to explore as a volunteer. Please explain.

\_\_\_\_\_  
\_\_\_\_\_

Availability: Hrs./Week I can volunteer: \_\_\_\_\_ Days of Week: S M T W Th F S Hours Available: \_\_\_\_\_/wk.

Do you have reliable transportation? \_\_\_\_\_ Do you have a valid Texas driver's license? \_\_\_\_\_ License # \_\_\_\_\_

Do you have minimum auto liability insurance coverage required by state law? Yes \_\_\_\_\_ No \_\_\_\_\_

Verification of driver's license and proof of insurance \_\_\_\_\_

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I certify that the information I have provided on this application is true and correct, to the best of my knowledge, and that I have neither misrepresented nor withheld information in response to these questions. I give my permission for the information on this application to be verified, including a background check, if needed, for certain job descriptions. I understand that any misrepresentation or misinformation may result in rejection of my application.

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Signature of Volunteer

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Date

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IN CASE OF EMERGENCY, PLEASE NOTIFY: Please print this info legibly.

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Name

Work Phone

Home Phone

Cell/Mobile Phone

## References

List three persons (excluding relatives and roommates) who have known you for a year or longer and can vouch for your character. Please include your current employer. If you are not working or are attending school, please list other appropriate references.

### Reference 1

_____ <i>Name</i>	_____ <i>Day Time Telephone</i>	_____ <i>Alternate Telephone</i>	
_____ <i>Street</i>	_____ <i>City, State</i>	_____ <i>Zip Code</i>	_____ <i>Relationship</i>

### Reference 2

_____ <i>Name</i>	_____ <i>Day Time Telephone</i>	_____ <i>Alternate Telephone</i>	
_____ <i>Street</i>	_____ <i>City, State</i>	_____ <i>Zip Code</i>	_____ <i>Relationship</i>

### Reference 3

_____ <i>Name</i>	_____ <i>Day Time Telephone</i>	_____ <i>Alternate Telephone</i>	
_____ <i>Street</i>	_____ <i>City, State</i>	_____ <i>Zip Code</i>	_____ <i>Relationship</i>

### Policy on Confidentiality

The Privacy Act of 1974, commonly known as the Buckley Amendment, states that: "No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains..." P.L. 93-579 Sec. 552b Conditions of Disclosure.

I understand that information contained in case files, as well as any information that is shared with me by a refugee, is confidential. I agree to respect this confidentiality and not discuss the information with anyone not bound by this duty of confidentiality. I understand that information about a refugee will not be shared with other agencies or individuals, including family, friends or acquaintances, without the knowledge and consent of the individual refugee. I promise to honor this commitment both during and after my time as a volunteer with the MRC program.

I certify that I have responded truthfully to all questions on this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date