

*Hope belongs to all of us*



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## VOLUNTEER APPLICATION

*So that we can best match your skills and preferences to our volunteer opportunities, we ask that you complete this application. If you have any questions, please ask the person who gave you this form. Thank you!!*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Where are you currently employed? \_\_\_\_\_

What is your job title? \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ Can we call you at work?  YES  NO

How did you hear about Empower "U"? \_\_\_\_\_

\_\_\_\_\_

### Why would you like to volunteer here?

Community Volunteer Program  Community Service Hours  Work Experience

Community Involvement  Internship  Other: \_\_\_\_\_

Which volunteer position(s) are you interested in (*you should have a list of the open volunteer position, if not please ask the person who gave you this application for one*): \_\_\_\_\_

\_\_\_\_\_

### Languages:

English  Understand  Read  Speak  Write

Spanish  Understand  Read  Speak  Write

Creole  Understand  Read  Speak  Write

Other: \_\_\_\_\_  Understand  Read  Speak  Write

Do you have a valid driver's license?  YES  NO Do you have car insurance?  YES  NO