

For office use only: \_\_\_ Summer Camp Volunteer \_\_\_ Student Internship Volunteer

## SOAR Volunteer Application

### Contact Information

First Name	
Last Name	
Date of Birth	
Gender	
Street Address	
City	
State/Province	
ZIP Code	
Country	
Cell Phone	
Work Phone	
Country of Citizenship	
Passport #	
E-Mail Address	

### Education/Work

Currently in school: Yes___ No___	If currently in school, please list:
Highest level of education completed	
Years of college completed	
Degree(s) obtained	
Major(s)	
Current Occupation	
Other	

1. What dates are you available to volunteer?

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*For the following questions, you may use additional pages for your answers if necessary.*

2. Do you have any experience working with children?

Yes\_\_\_ No\_\_\_

If yes, please list or describe:

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**Previous Volunteer Experience**

- 3. Please describe any current or previous volunteer work, contribution or participation you have made within your community

**Extra-curricular Activities**

- 4. Please list any extra-curricular activities that you have been or are involved in (hobbies, sports, etc.)

**Other**

- 5. Please tell us why you are interested in volunteering with SOAR.

- 6. Is there anything else you would like to share about yourself?

7. What age groups are you interested in working with? (You can select more than one)

- Elementary school
- Middle school
- High school

8. Are you interested in working with the elderly?

- Yes
- No

9. Please indicate your level of Armenian language proficiency:

Western Armenian	Oral	Fluent___	Intermediate___	Beginner ___	None___
	Written	Fluent___	Intermediate___	Beginner ___	None___
Eastern Armenian	Oral	Fluent___	Intermediate___	Beginner ___	None___
	Written	Fluent___	Intermediate___	Beginner ___	None___

### Interests

10. If you have any experience with any special skills listed below, please select:

<input type="checkbox"/> Religious Education <input type="checkbox"/> Armenian Songs/Singing <input type="checkbox"/> Armenian "Ethnic" Dance <input type="checkbox"/> Foreign Languages: <input type="checkbox"/> French, <input type="checkbox"/> Spanish, <input type="checkbox"/> English, Other_____
<input type="checkbox"/> Arts and Crafts/ Sewing <input type="checkbox"/> Computer Science
<input type="checkbox"/> Athletics (assisting physical education teacher)
<input type="checkbox"/> Outdoor/Indoor Creative Games. For example; "Musical Chairs", "Duck, Duck Goose", etc.
<input type="checkbox"/> Drama
<input type="checkbox"/> Painting
<input type="checkbox"/> Chess
<input type="checkbox"/> Translators (from English, Spanish or French to Armenian)
<input type="checkbox"/> Culinary Interests (working in the kitchen)
<input type="checkbox"/> Other (please describe)_____

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

**Do you have any allergies or health restrictions?**

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**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with SOAR.