

Bhutanese American Association of Houston (BaaH)

Volunteer Information

Last name:		M.I:	First name:	
Driver license:		DOB		Male <input type="checkbox"/> Female <input type="checkbox"/>
Current Address:				
City:	State:	Zip Code:	County:	
Phone:		Cell:	e-mail:	
Volunteer Interest:				
<input type="checkbox"/> Case Management Services <input type="checkbox"/> Drug Education/ Awareness <input type="checkbox"/> Fund raising <input type="checkbox"/> Computer skills training <input type="checkbox"/> Translation and Interpretation <input type="checkbox"/> Legal Referral Assistance		<input type="checkbox"/> ESL & Citizenship class/ Instructor <input type="checkbox"/> Academic Counseling <input type="checkbox"/> Needs- based Counseling <input type="checkbox"/> Share your gifts and Donations <input type="checkbox"/> Group Volunteering <input type="checkbox"/> Other (Specify)_____		
Date available:		Volunteering for school/college credit? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, mention total hours needed: _____		
Why would you like to Volunteer with us? Ans:				

Education Information:				
Highest education:			Name the institute:	
Address:				
City:	State:	Zip Code:	Phone:	
Year from: ____ to ____		Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>		Degree:
Other: (If any)				

Employment History:				
Title:	Company name:		Phone number:	
Date from:	Date to:		Final Pay Rate:	
Reason for leaving:			Can we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Describe duties and responsibilities:				

Skills:	
Computer:	Typing: (word/minute)
Languages proficiency:	Interpretation: Yes <input type="checkbox"/> No <input type="checkbox"/>
Other skills:	

References: (Please list three professional references below)			
01	Full name:	Contact number:	
	Company:	Title:	Years known:
02	Full name:	Contact number:	
	Company:	Title:	Years known:
03	Full name:	Contact number:	
	Company:	Title:	Years known:

Declaration and Signature:		
I certify that my answers are true and complete to the best of my knowledge. If this application is eligible for the volunteer, I also understand that the false and the misleading information written in my application or during interview will result in my release.		
Signature: _____	Full name _____	Date: _____

For Office Use Only:		
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	Supervisor sign: _____ Print name: _____	Date: _____