

World Missions EXTENSION Center

Volunteer Application

1720 First Street NW.

Washington, DC 20001

Email: extensioncenter@verizon.net

Website: www.extensioncenter-dc.org

Mission Statement: to provide educational training services that positively impact lives of children, youth and adults living in inner-city communities.

Contact Information

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

Availability

Volunteer Seasonal commitments are welcomed, please specify the specific time frame that you will be available to serve and if there is any specific details that need to be noted.

From: _____ To: _____

During which hours are you available for volunteer/community service assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering and please provide comments as needed:

- Mentor/Tutor
 Rallies/Special Events
 Emergency Relief
 Good Samaritan Projects
 Fundraising
 Data entry
 Clerical
 Newsletter production

- Volunteer coordination
 - Web Page
 - Construction/Management
 - Marketing
 - Grant Writing
 - Telecommunications/Technology
 - Reading Partner
 - Board of Directors
 - Resource Committee
 - Serve on the Advisory Board
 - Policy Development/Handbook
 - Legal Department
 - Domestic Violence Program
 - Teen Mentoring Program
 - Summer Adventure Day Camp
 - Property Acquisition
 - Accounting/CPA services
 - Intercessory prayer
 - Dance Teacher
 - computer Teacher
 - P.E. Teacher
 - Custodian
 - Administrative Support
 - Story Teller
 - Roving Leader
 - Teach Spanish or another foreign language
 - Work with recreational games
 - Be the choir director
 - Proposal Writer
- Other:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, college/special training, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer/community service/staff experience.

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Person to Notify in Case of Emergency

What relationship is this person to you?

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Cell phone number:	

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, age, or disability. Persons working directly with children and youth under 18 are required to have a current police clearance on file in addition to 3 references from persons/organizations that have worked with them.

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

Please use this area to recommend and or suggest other persons who you feel might be a good fit for volunteering with our organization.

Name: _____

Address: _____

City/State/Zip code _____

Telephone _____

Email address: _____

Name: _____

Address: _____

City/State/Zip code _____

Telephone _____

Email Address _____

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Address: _____

City/State/Zip code _____

Telephone _____

Email address _____

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Address: _____

City/State/Zip code _____

Telephone _____

Email Address _____