



VOLUNTEER APPLICATION FORM

한인가정상담소 자원봉사 신청서

DATE 지원 날짜: _____

CONTACT INFORMATION 연락처		
NAME 이름	DATE OF BIRTH 생년월일	AGE 나이
GENDER 성별 <input type="checkbox"/> Female (여) <input type="checkbox"/> Male (남)	EMAIL ADDRESS 이메일 주소	
ADDRESS 주소		
PHONE NUMBER 전화번호	DRIVERS LICENSE 운전면허 번호	
INTERESTS AND AVAILABILITY 관심분야		
<p>WHAT AREAS ARE YOU INTERESTED IN VOLUNTEERING? CHECK ALL THAT APPLY 어떤 분야에서 자원봉사를 하시기 원합니까? 관심있는 분야에 모두 표시하세요.</p> <p><input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Graphic Design <input type="checkbox"/> Publications/Research <input type="checkbox"/> Special Outreach Events <input type="checkbox"/> Web Design <input type="checkbox"/> Social Media <input type="checkbox"/> Other (Please list):</p>		
PREFERRED LENGTH OF COMMITMENT		
<input type="checkbox"/> 1 month <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 6 months – 1 year <input type="checkbox"/> Unknown		
HOURS OF AVAILABILITY		
<p>Please provide specific days of the week, if known. Otherwise, provide generally how many hours you'd like to volunteer.</p> <p><input type="checkbox"/> Monday _____ to _____ <input type="checkbox"/> Tuesday _____ to _____ <input type="checkbox"/> Wednesday _____ to _____ <input type="checkbox"/> Thursday _____ to _____</p>		



Friday _____ to _____

Or I don't know exactly which days I would be working, but I would like to commit to:

_____ hours per week

_____ hours per month

EXPERIENCE

PLEASE DESCRIBE/LIST YOUR PRIOR VOLUNTEER EXPERIENCE, IF ANY.

WHY DO YOU WISH TO VOLUNTEER WITH US?

HOW DID YOU HEAR ABOUT KFAM?

EXPERTISE

FIELDS OR AREAS OF EXPERIENCE OR EXPERTISE. CHECK ALL THAT APPLY.

- Administrative
- Marketing and Social Media
- Graphic Design
- Child Care
- Translation
- Photography
- Grant Writing/Research
- Other (Please list):

COMPUTER SKILLS

- Microsoft Word
- Microsoft Excel
- Microsoft PowerPoint
- Photoshop
- Illustrator
- Website Development
- Social Media/Blog