



Alfalit is a faith-based nonprofit organization that provides literacy, basic education, preschool health, nutrition, micro-credit, job skills and community development programs to those who, due to harsh circumstances of their lives, have been deprived of even the most basic forms of education.

## VOLUNTEER APPLICATION

Alfalit encourages the participation of volunteers who support our mission. If our purpose agrees with your philosophies, and you are willing to be interviewed and trained in our procedures, please complete this application. You may do this online and email OR complete on line and print out, then mail or fax OR print out and manually complete and then mail to us. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

First, Last Name:

Preferred Mailing Address:

City: \_\_\_\_\_, State: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Ph#: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Do you have any special talents/skills that you think might benefit Alafalit International? If **yes**, please describe:

**Your Interests:** Please place  in each box that notes an area in which you might be interested.

- |   |                                 |
|---|---------------------------------|
| General office: phone handling, filing, word processing, etc. | Public Relations/Marketing      |
| Events  | Public Speaking                 |
| Fundraising   | Warehouse/Inventory Management  |
| Program Support   | Not sure, need more information |

**Availability:** Please  all that days that generally apply to your schedule.

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      I am flexible

**Preferred Times to Volunteer**

Mornings      Afternoons      All Day Assignments (10:00 AM - 4:00PM)      I am flexible

Do you have physical considerations requiring accomodations? If Yes, please explain.

Please provide an emergency contact: \_\_\_\_\_ Emergency Contact Ph#: \_\_\_\_\_

Briefly explain why you would like to volunteer with Alfalit International:

How did you learn about volunteering with Alfalit?

- |  |  |
|--|--|
| VolunteerMatch   | Radio/TV/Newspaper (Please note which media outlet):   |
| Alfalit Website  | Alfalit Staff, Board member or other volunteer (Please note the person's name so we can thank them!) |
| Friend (Please note their name so we can thank them!): | Other (Please share details):  |

If selected as a volunteer, I agree to adhere to the policies and procedures of Alfalit. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_