



Volunteer Application

www.igydp.org • careers@igydp.org • (617) 541-1800

CORE COMMUNITY RESPONSE VOLUNTEERS 2012-2013 VOLUNTEER APPLICATION

Application No. _____

PERSONAL CONTACT INFORMATION

Today's Date: _____

First Name:		Last Name:		Home Phone	
Address:		City/Town / State		Zip Code	
Email Address:		Cell Phone		Work Phone	
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> F-> M <input type="checkbox"/> Male <input type="checkbox"/> M->F	Age		Date of Birth	
Race	2. <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Asian 3. <input type="checkbox"/> American Indian/Alaska <input type="checkbox"/> Unknown/Not Specified <input type="checkbox"/> Other _____				
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> F-> M <input type="checkbox"/> Male <input type="checkbox"/> M->F	Status	<input type="checkbox"/> US Citizen <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other		

Additional Contact

Name of Emergency Contact		Contact Telephone Number		Relationship to Contact	
Name of Reference		Contact Telephone Number		Nature of Affiliation	

In Addition to the following information please provide a resume.

PARTICIPANT BACKGROUND INFORMATION

Ethnicity: Are you Hispanic/Latino? Yes No *(Answer this and select an Ethnicity below)*

<input type="checkbox"/>	African	<input type="checkbox"/>	Cape Verdian	<input type="checkbox"/>	European	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Puerto Rican
<input type="checkbox"/>	African American	<input type="checkbox"/>	Caribbean Islander	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Laotian	<input type="checkbox"/>	Russian
<input type="checkbox"/>	American	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Guatemalan	<input type="checkbox"/>	Mexican, Mexican American, Chicano	<input type="checkbox"/>	Salvadoran
<input type="checkbox"/>	Asian Indian	<input type="checkbox"/>	Columbian	<input type="checkbox"/>	Haitian	<input type="checkbox"/>	Middle Eastern	<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Brazilian	<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Honduran	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>	Unknown/Not Specified
<input type="checkbox"/>	Cambodian	<input type="checkbox"/>	Dominican	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Other: _____

What is your primary language (choose only 1 option):

<input type="checkbox"/>	English	<input type="checkbox"/>	Haitian Creole	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Russian	<input type="checkbox"/>	Cape Verdean Creole
<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Khmer	<input type="checkbox"/>	Albanian	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Somali	<input type="checkbox"/>	Other _____

What other language ('s) (do you speak choose all that apply):

<input type="checkbox"/>	English	<input type="checkbox"/>	Haitian Creole	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Portuguese	<input type="checkbox"/>	Russian	<input type="checkbox"/>	Cape Verdean Creole
<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Khmer	<input type="checkbox"/>	Albanian	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Somali	<input type="checkbox"/>	Other _____

SCHOOL INFORMATION: EXTERNSHIP /INTERNSHIP FIELD PLACEMENT

Name of University/ College/Trade school:		Department:		Website:		
School Address:		City/State:		Zip code:		
Intern /Practicum Field Placement Supervisors:		E-Mail Address:		Contact Phone:		
Intern/Extern Field Coordinator:		E-Mail Address:		Contact Phone:		
Major Field of Study or Interest:		Minor Field of Study or Interest:		Graduation Date/ Year:		
Internship Position Applied for:		Available Start Date:		Available End Date:		
Internship Entry Session Interest	<input type="checkbox"/> January	<input type="checkbox"/> March	<input type="checkbox"/> June	<input type="checkbox"/> September	<input type="checkbox"/> July-August <i>Summer</i>	<input type="checkbox"/> September –May <i>Year long</i>
Prior Education History/ School:		Field of Study:		Degree(s):		

What is your goal during your time with us?

<input type="checkbox"/>	Gain experience	<input type="checkbox"/>	Learn Interviewing Skills	<input type="checkbox"/>	Learn about Health Disparities
<input type="checkbox"/>	Fulfill academic requirement	<input type="checkbox"/>	Internship/Field Practicum	<input type="checkbox"/>	Program Evaluation/Epidemiology
<input type="checkbox"/>	Gain Clinical Experience	<input type="checkbox"/>	Volunteering/Mentoring	<input type="checkbox"/>	Business Administration
<input type="checkbox"/>	Fundraising /Development	<input type="checkbox"/>	Youth Programming	<input type="checkbox"/>	Other _____

AVAILABILITY (Check All that Apply)

<input type="checkbox"/>	Monday	9 am - Noon	<input type="checkbox"/>	12:00 pm - 4:00 pm	<input type="checkbox"/>	4:00 pm - 8:00 pm	<input type="checkbox"/>
<input type="checkbox"/>	Tuesday	9 am - Noon	<input type="checkbox"/>	12:00 pm - 4:00 pm	<input type="checkbox"/>	4:00 pm - 8:00 pm	<input type="checkbox"/>
<input type="checkbox"/>	Wednesday	9 am - Noon	<input type="checkbox"/>	12:00 pm - 4:00 pm	<input type="checkbox"/>	4:00 pm - 8:00 pm	<input type="checkbox"/>
<input type="checkbox"/>	Thursday	9 am - Noon	<input type="checkbox"/>	12:00 pm - 4:00 pm	<input type="checkbox"/>	4:00 pm - 8:00 pm	<input type="checkbox"/>
<input type="checkbox"/>	Friday	9 am - Noon	<input type="checkbox"/>	12:00 pm - 4:00 pm	<input type="checkbox"/>	4:00 pm - 8:00 pm	<input type="checkbox"/>
<input type="checkbox"/>	Weekends	9 am - Noon	<input type="checkbox"/>	12:00 pm - 4:00 pm	<input type="checkbox"/>	4:00 pm - 8:00 pm	<input type="checkbox"/>

How many hours would you like to work?

_____ Hours Per week	_____ Per month	_____ Per semester
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We hold trainings 3 times per year. All volunteers are required to attend at least one. Please mark the session you are interested in attending

<input type="checkbox"/> January	<input type="checkbox"/> June	<input type="checkbox"/> September
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PLEASE SHARE YOUR INTEREST IN VOLUNTEERING WITH OUR AGENCY

Please write one paragraph:

INTEREST (Check All that Apply)

Interest

Tell us which areas you are interested in volunteering.

ADMINISTRATION	FUNDRAISING	PROGRAM & OUTREACH	COLLABORATION
<input type="checkbox"/> Data entry	<input type="checkbox"/> Resource Development	<input type="checkbox"/> Direct Service	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Volunteer coordination	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Focus Group Work	<input type="checkbox"/> Community Meetings
<input type="checkbox"/> Database Development	<input type="checkbox"/> Product Development	<input type="checkbox"/> Training and Outreach	<input type="checkbox"/> Community Advocacy
<input type="checkbox"/> Phone bank	<input type="checkbox"/> Newsletter production	<input type="checkbox"/> Curriculum Development	<input type="checkbox"/> Policy Development
<input type="checkbox"/> Deliveries	<input type="checkbox"/> Media Relations	<input type="checkbox"/> Group Facilitation	<input type="checkbox"/> Health Promotion
<input type="checkbox"/> Office Support	<input type="checkbox"/> Marketing/Communication	<input type="checkbox"/> Counseling & Referrals	<input type="checkbox"/> Facilitating Meetings
<input type="checkbox"/> Research	<input type="checkbox"/> Photography	<input type="checkbox"/> Program Implementation	<input type="checkbox"/> Community Forums
<input type="checkbox"/> Correspondence	<input type="checkbox"/> Website Development	<input type="checkbox"/> Program Evaluation	<input type="checkbox"/> Partnership Relations
<input type="checkbox"/> Finance	<input type="checkbox"/> Technology Development	<input type="checkbox"/> Program outreach/ Training	<input type="checkbox"/> Capacity Building
<input type="checkbox"/> Accounting/Billing	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Mentoring/ Peer Mentoring	<input type="checkbox"/> Stakeholder Relations
<input type="checkbox"/> Medical Billing Coding	<input type="checkbox"/> Publishing/Presentations	<input type="checkbox"/> Program Support	<input type="checkbox"/> Corporate Relations
<input type="checkbox"/> Executive Shadowing	<input type="checkbox"/> Capital Campaign's	<input type="checkbox"/> Blogs, Social Networking	<input type="checkbox"/> Partnership Meetings
<input type="checkbox"/> Project Management	<input type="checkbox"/> Merchandizing/Sales	<input type="checkbox"/> Evidenced Based Interventions	<input type="checkbox"/> Community Mapping
<input type="checkbox"/> Computer Repair	<input type="checkbox"/> E-Commerce/Sales	<input type="checkbox"/> Music/Dance/Theater/Rap Training	<input type="checkbox"/> Special Interest Group
<input type="checkbox"/> Organizational Development /TA	<input type="checkbox"/> Event Planning/Special Events	<input type="checkbox"/> Social Justice & Legal Advocacy / Economics	<input type="checkbox"/> Community Planning Groups
<input type="checkbox"/> Information Technology	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Health Disparities /Cultural Competency	<input type="checkbox"/> Other _____

TELL US ABOUT YOUR FIELD EXPERIENCE (Check All that Apply)

- | | | | | |
|--|-------------------------------|--------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Working with Adolescent Girls | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Working with Adolescent Boys | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Working with Transgender Youth | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Youth Supervision | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Positive Youth Development | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Evidenced Based Interventions | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Program Planning | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Curriculum Development | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Individual/Group Level Counseling | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Gender Responsive Programming | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Health Disparities | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Health Prevention Workshops | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Budget /Finance | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Partnership Development | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Proposal Development | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Web site Development | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Data Collection/Analysis | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Data Base Development | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Program Evaluation | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Conducting Research | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Reporting | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Administering Focus Groups | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Medical Billing and Coding | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |
| <input type="checkbox"/> Conference Abstract Development | <input type="checkbox"/> None | <input type="checkbox"/> Basic | <input type="checkbox"/> Competent | <input type="checkbox"/> Proficient |

What makes you and ideal candidate for this organization? What else would you like us to know about you?

How did you find out about this volunteer opportunity?

- | | | |
|--|---|---|
| <input type="checkbox"/> IGYDP Website | <input type="checkbox"/> Project Success | <input type="checkbox"/> Through an email |
| <input type="checkbox"/> At an IGYDP Community Fair | <input type="checkbox"/> The Family Van | <input type="checkbox"/> Brochure |
| <input type="checkbox"/> A friend recommended it | <input type="checkbox"/> City Year | <input type="checkbox"/> Flyer |
| <input type="checkbox"/> Through a presentation at my school | <input type="checkbox"/> Mass Mentors | <input type="checkbox"/> CCRV Recruitment Orientation |
| <input type="checkbox"/> An IGYDP Staff member/volunteer | <input type="checkbox"/> IGYDP Partner Agency | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> An Internship Coordinator at my school (name)____ Suffolk University_____ | <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Other:_____ |

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.

It is the policy of this organization to conduct CORI (background checks) on all staff and volunteers who work with the agency.

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 and/ or E-Sign:

Date :

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

Please Email the Completed Application with Resume to:

Careers@igydp.org

Enter in the Subject Line: CCRV Volunteer Application

or Mail Application to:

The Institute for Global Youth Development Programs

Attention: CCRV Committee

1542 Tremont Street, Roxbury MA 02120

WWW.IGYDP.ORG

For additional Information please contact us at 617-541-1800

FOR PROFESSIONAL IGYDP STAFF USE ONLY

IGYDP Interviewer:

Date of Interview:

Signature of IGYDP Officer:

COMMENTS: _____

AUTHORIZING PERSONNEL: _____

REVIEW DATE ___/___/___