



Volunteer Application

First Name

Birthday

Last Name

Basic Information:

Permanent Address:

Street

City

State/Province

Zip Code

Country

E-Mail Address

Phone Number 1

Phone Number 2

Nationality

SSN/Passport #



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Education:

Highschool

Highschool Name
and Address

Please list any
awards or honors

Date of Graduation

College/University

College/University
Name
and Address

Please list any
awards or honors

Major/Minor
Specialized
Coursework

Date of Graduation



Volunteer Application

Education (continued):

Graduate School

Graduate Name
and Address

Please list any
awards or honors

Major/Minor
Specialized
Coursework

Date of Graduation



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Licenses/Certifications:

Please list job-related licenses or certificates such as nursing, CPR, and skilled trades. If you are or will be a certified teacher, please note which subject and grade level.

Spanish Language Proficiency:

Please rate your Spanish Language proficiency in the following areas
1 = poor, 2 = basic, 3 = good, 4 = excellent

	1	2	3	4
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	1	2	3	4
Comprehension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*Do you speak French or Haitian Creole?
If yes please describe your proficiency level:*

Please explain briefly how you learned spanish



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Experience:

Please attach a resume to the application in addition to responding to the questions below

Please explain all volunteer/service experience and relative work history

Please list any additional skills, trainings and experiences, which would further qualify you for the position.

How did you hear about The Mariposa DR Foundation?

Have you ever been charged, convicted of or plead guilty to a criminal offense (felony or misdemeanor)? If so please explain



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Interests:

Please describe your interests, hobbies, special talents or skills that you believe would be a valuable contribution to the people served by The Mariposa DR Foundation

Please check or rate the areas in which you have an interest or special knowledge:

- | | |
|---|--|
| <input type="checkbox"/> <i>Working with Adolescent Girls</i> | <input type="checkbox"/> <i>Non-profit Administration and Management</i> |
| <input type="checkbox"/> <i>Working with Mothers and Parents</i> | <input type="checkbox"/> <i>Fundraising, Event Planning and Public Awareness</i> |
| <input type="checkbox"/> <i>Working with Preschool Kids</i> | |
| <input type="checkbox"/> <i>Working with Elementary School Children</i> | |
| <input type="checkbox"/> <i>Environmental Education</i> | <input type="checkbox"/> <i>Sports</i> |
| <input type="checkbox"/> <i>Gardening and Composting</i> | <input type="checkbox"/> <i>Art, Music, Dance</i> |
| <input type="checkbox"/> <i>Health</i> | <input type="checkbox"/> <i>Computers/Technology</i> |
| <input type="checkbox"/> <i>English</i> | |
| <input type="checkbox"/> <i>Reading/Literacy</i> | |
| <input type="checkbox"/> <i>Math</i> | |



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Essay Questions:

Please attach 1-2 page responses.

- 1) Why do you want to volunteer with The Mariposa DR Foundation? (Please include how these reasons are related to your past experiences and life goals.)
- 2) What specific skills/life experiences do you believe you can offer the community The Mariposa DR Foundation reaches?
- 3) Please give a specific example of a significant experience that illustrates your ability to work independently and adapt to difficult or challenging circumstances - especially pertaining to young girls and women.

References:

Please include with this application three letters of recommendation from people who have known you for at least one year, including one from a past employer or professor. The application will not be reviewed unless all three letters are included. In the event that you are unable to acquire three letters of recommendation, please list why and include three English-speaking references below that we can contact instead.

Reference Number 1 Relationship to you

Contact Information

Reference Number 2 Relationship to you

Contact Information

Reference Number 3 Relationship to you

Contact Information



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The above information is true and complete to the best of my knowledge. If accepted by The Mariposa DR Foundation, any misrepresentation, false statements, or omissions contained herein will be considered cause for dismissal.

The Mariposa DR Foundation has my permission to obtain all necessary information from the references I have listed, or any other source, concerning my prior employment or personal history and release all parties from possible damages resulting from disclosing such information with or without prior written notice by me.

The Mariposa DR Foundation will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

Name

Signature

Date

NOTES (for office use only):