



VOLUNTEER APPLICATION FORM
KFAM AFFI

Application Date	
Name	Date of Birth (MM/DD/YYYY)
Gender ___ Female ___ Male	Phone Number
Address	
Email Address	
How did you hear about KFAM?	
In What Areas Are You Interested In Volunteering? (Please check all that apply.)	
___ No Preference ___ Events	
___ Tutor ___ Mentor	
___ Child Care Provider ___ Transportation Provider	
___ Visitation Monitor ___ Administrative/Organizational Projects	
___ Other _____	
Languages	
English ___ Korean ___ Mandarin ___ Cantonese ___ Other _____	
Why do you wish to volunteer with us?	



Please describe your prior volunteer experience, if any.

Fields or Areas of Experience/Expertise: Please share your occupational backgrounds

Currently Employed? _____ Yes _____ No

Preferred length of commitment:

___ 3 months _____ 6 months
___ 6 months - 1 year (or more) _____ Unknown

Hours of Availability

Please provide specific days of the week, if known.

___ Monday: _____ to _____ ___ Tuesday: _____ to _____
___ Wednesday: _____ to _____ ___ Thursday: _____ to _____
___ Friday: _____ to _____ ___ Saturday: _____ 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

Additional Requirements: Depending on the type and length of volunteering, federal law may require background screenings and TB testing for volunteers who are 21 years of age and working directly with youth.

STAFF USE ONLY:

Live Scan _____ TB Test _____ Orientation _____ Drive Record/Car _____