

Application to Volunteer

We are very excited about your interest in volunteering at **The Voices of Resilience**. Every hour you seek to contribute has the potential to make a huge difference in the lives of children we serve around the world and their sponsors.

Please fill out the information below as accurately as possible and then click submit. We look forward to reviewing your application!

First Name

Last Name

Address

City

State

ZIP

Email Address

Home Phone

Mobile Phone

Are you 18 or older?

☐ No

☐ Yes

(Note - minors 14-17 may apply to serve as Volunteers but are not permitted to serve in Volunteer Leadership roles at this time. Important - Minors seeking to serve at Compassion's Headquarters will require a parents signature on this application, and on all required agreements upon approval to volunteer.)

Are you a student?

- ☐ No
- ☐ Yes

Have you ever been dismissed from volunteer service for any reason?

- ☐ No
- ☐ Yes

Describe any involvement with The Voices of Resilience (sponsorship, employment, family/friends employed, etc.)

Please tell us why you want to volunteer at The Voices of Resilience.

VOLUNTEER SERVICE

Describe your volunteer work experiences, and skill set.

How did you hear about volunteering at The Voices of Resilience?

SKILLS, TALENTS AND GIFTS:

In which of these areas do you have skills, experience or interest (please check all that apply)?

- ☐ Language Translation (Other/Spanish)
- ☐ Organization/Sorting/Assembly
- ☐ Senior's Social and Emotional Restoration
- ☐ Youth and Drugs
- ☐ Gender Disparities
- ☐ Emergencies
- ☐ Immigration and Reintegration
- ☐ Customer Service and Care)
- ☐ Data Entry
- ☐ Computer Technology
- ☐ Hospitality/Event Planning
- ☐ Prayer and Staff Care
- ☐ Public Speaking
- ☐ Speaking on the Phone
- ☐ Writing/Editing
- ☐ Event Facilitation
- ☐ Volunteer Coordination
- ☐ Leading or Serving with Committees
- ☐ Training/Coaching
- ☐ Relationship Coordination
- ☐ Email Communications
- ☐ Problem Solving

- ☐ Leading Groups
- ☐ Networking
- ☐ IT Services
- ☐ Updating Website
- ☐ Other

What type of work do you enjoy most?

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EMERGENCY CONTACT

Name

Relationship to you

Phone

Alternate Phone

By entering your name below, and clicking 'Submit Information', you are electronically signing off that the information provided in this form is true and accurate and has not been falsified.

Signature:

Signature of Guardian:

(if applicant is under 18 years of age)