



CULTURE CONNECT, INC.

VOLUNTEER APPLICATION

We are excited that you have expressed an interest in volunteering with Culture Connect, Inc.

INSTRUCTIONS FOR COMPLETING APPLICATION

- 1.** Complete all information as requested.
- 2.** Questions about the application process may be directed to Culture Connect, Inc.

Phone: 404-627-4793, ext. 4.

You may submit your completed application:

By mail:

Culture Connect, Inc.
P.O. Box 250
Clarkston, GA 30321

Email: volunteer.coordinator@cultureconnectinc.org

Fax: (404) 292-8458

VOLUNTEER APPLICATION

Please check applicable:

- I wish to become a **Advocacy Volunteer**
 Professional Development/Training Instructor
 Fundraising Event Planning Committee
 Current Events Research Volunteer
 Other

PERSONAL:

Full Name:

Social Security Number (for background check; you may submit this information in person, or via telephone if you prefer)

Female Male (please check)

Home Address:

City, State, Zip code:

Home Phone:

Daytime/Work Phone:

Cell Phone:

E-mail Address:

Date of Birth ~~fa a #XX#mmmm~~:

.....Country of Origin:

Language(s) spoken (please include level of proficiency: novice, intermediate, advanced, or superior/native-speaker):

EDUCATION INFORMATION:

Highest Level of Education:

School/University/College:

Major/minor:

EMPLOYMENT INFORMATION:

Employer:

Title:

Company Type: (please check)

- | | |
|---|--|
| <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Arts | <input type="checkbox"/> Law |
| <input type="checkbox"/> Computer | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Business | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Engineering | <input type="checkbox"/> Retail/Catering/Hospitality |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Government/Public Policy | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Other: | |

RELEVANT EXPERIENCE:

Have you ever lived abroad for more than 3 consecutive months? (Please check)

- Yes No

If yes, where and how long?

Describe your most recent volunteering experience. Please provide the name and the phone number of your supervisor/volunteer coordinator.

Please list any special trainings or skills.

What do you hope to gain by volunteering Culture Connect?

Days and times of availability (Please check times when you are available)

	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
MORNING						
AFTERNOON						
EVENING						

How did you hear about Culture Connect, Inc.'s Programs?

REFERENCES:

Please provide two references from an academic, professional or volunteer experience. One of the references can be the volunteer reference listed above.

Reference 1

Full Name:

Relationship:

Daytime Phone Number:

Reference 2

Full Name:

Relationship:

Daytime Phone Number:

DECLARATION OF CONVICTIONS:

List below any convictions for violations of the law (other than traffic violations) in Georgia or elsewhere.

If you have no convictions, please check here: No Convictions

Date of Conviction:

Offense:

Applicant's Signature:

Date: