



523 Russell Street
West Lafayette, IN 47906
Phone: 765-743-4353
www.intlctr.org
Email: info@intlctr.org

Volunteer Application

Revised 5/15/19

The International Center of West Lafayette, Inc. (IC) encourages the participation of volunteers who support our mission – “bringing together the International and Greater Lafayette communities.” If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most fulfilling and appropriate volunteer opportunity for you.

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

How did you hear about us? _____

Employer: _____ Title: _____

Language (s): _____ Nationality: _____

Emergency Contact Name: _____

Phone: _____ Relationship: _____

List your interests/strengths (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> General office work | <input type="checkbox"/> Teaching English/Language(s) |
| <input type="checkbox"/> Marketing/Publicity | <input type="checkbox"/> Maintenance/Cleaning |
| <input type="checkbox"/> Landscaping/ Gardening | <input type="checkbox"/> Event setup & tear down |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Other: _____ | |

Any special talents, skills, or hobbies you have that you feel would benefit the IC?

Why do you want to volunteer at the IC? (NOTE: We do not allow any form of religious proselytizing or political recruitment.)

Do you have any physical limitations that you would like us to be aware of that may affect your ability to conduct certain tasks (ex: heavy lifting, dish washing, typing, etc.) while volunteering with the IC?

*We will try to match you with the most appropriate volunteer tasks considering these limitations.

References: Please list 2 people who know you well and can attest to your character, skills, and dependability.

Contact #1

Name: _____

Phone: _____ E-mail: _____

Relationship: _____ Years Known: _____

Contact #2

Name: _____

Phone: _____ E-mail: _____

Relationship: _____ Years Known: _____

Please indicate days and times available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Additional times available: _____

Background Check

The International Center of West Lafayette, Inc. is committed to ensuring the safety for all members. Please answer the questions below regarding your background.

1. Have you been fired or asked to resign from a volunteer or a paid position because of any kind of harassment or physical violence? If yes, please explain.
2. Have you ever been convicted of a crime? If yes, please explain.
3. Have you ever been charged with neglect, abuse, or assault? If yes, please explain.
4. Other than the above, is there any fact involving you or your background that would call into question your participation in the IC?

Criminal Background Check

Do you grant permission to a local law enforcement agency to conduct a limited criminal background check and to release the results of said criminal background check to the IC? Please check below.

Yes No

Date of Birth: _____ Social Security Number: _____

Driver's License Number / Issued State: _____ / _____

Please read the following carefully before signing this application:

- I understand that this is an application for and not a commitment or promise of volunteer opportunity.
- I certify that I have and will provide information throughout the selection process and answer all questions to the best of my ability. I understand that the information contained on my application will be verified by the International Center of West Lafayette, Inc.
- I agree to abide by the policies and procedures and follow the supervision and direction of any personnel, staff, volunteers, or to whom I am assigned to perform services and to participate in any training required in order to perform the voluntary services.
- I understand that the organization, its staff, board of directors, and affiliates cannot assume any responsibility for any liability for any accident, injury or health problem that may arise from any volunteer work I perform for the organization.
- I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.
- I give my permission to use photographic images and/or any quotes for all forms of the International Center Publications (Facebook, Twitter, Newsletter, IC website, etc).
- I acknowledge and agree that the IC shall have the right to terminate my involvement with the IC at any time with or without prior notice in case of objectionable behavior on my part.

Printed Name: _____

Signature: _____ Date: _____

For Office Use Only

Application Date: _____

Notes _____

Background Check: ___ Yes ___ No

Application received by _____

Program/Event _____