



Federation of Protestant Welfare Agencies

Volunteer Application

PERSONAL INFORMATION

Name: _____ Home Phone: _____

Home Address: _____

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

OCCUPATIONAL INFORMATION

Occupation: _____ Business Phone: _____

Employer: _____

Business Address: _____

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

EDUCATION Have you completed: High School College Graduate School
 Other (Please specify: _____)

AREAS OF INTEREST

How did you hear of FPWA? _____

When are you available? (Please include days, time of day/evening) _____

Please indicate what you are interested in:

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic tutoring | <input type="checkbox"/> Job development | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Teacher's assistant |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Public relations | <input type="checkbox"/> Visiting homebound elderly |
| <input type="checkbox"/> ESL | <input type="checkbox"/> Serving meals | <input type="checkbox"/> Vocational/employment counseling |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Serving on a Board of Dir. | <input type="checkbox"/> Other: _____ |

Please specify your native language: _____

Do you speak or write: Spanish French Chinese Russian ASL

Thank you for your information. Please send this form to:

Karen Giacalone
Federation of Protestant Welfare Agencies
281 Park Avenue South
New York, New York 10010
(212) 801-1332
Fax (212) 849-2775