



Centro Latino of Iowa

300 West Broadway, Suite 16
 Council Bluffs, IA 51503
 Phone: (712) 322-0588
www.sucentrolatino.org
rcaceres@sucentrolatino.org

Name (First, MI, Last)	Date
Street Address	Phone Number
City/State/Zip	Alternate Phone Number
Birth Date	Email Address

How did you hear about volunteer opportunities at Centro Latino?

AVAILABILITY

Long-Term (6+ months) Short-Term (fewer than 6 months) Special Project

Check the box for the time period(s) and day(s) in which you are available.

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00-10:00					
10:00-12:00					
12:00-2:00					
2:00-4:00					
6:00-9:00 childcare					

INTERESTS

What do you hope to learn or gain from your experience as a volunteer at the Centro Latino?

VOLUNTEER HISTORY

Have you volunteered before? Yes No

If so, please list prior volunteer experience(s), beginning with the most recent.

Agency Name	Supervisor	Activities/Duties	Dates Worked

VOLUNTEER OPPORTUNITIES

Please indicate which volunteer opportunities are of most interest to you. Though we strive to accommodate your interests, we do ask that volunteers be flexible when working at the Centro Latino.

- Childcare (evening only)
 _____ activities (arts/crafts, etc.)
 _____ reading/tutoring
 _____ caring for younger (toddler age) children

- Clerical
 _____ data entry and/or word processing
 _____ answering phones (bilingual)
 _____ other general office duties

- Special Events
 _____ decorations
 _____ coordinating events/planning committees
 _____ publicity

- Social Work (bilingual)
 _____ interpretation in a medical setting
 _____ interpretation for other situations

LANGUAGE PROFICIENCY SELF-ASSESSMENT

Please see the attached sheet to determine your level of proficiency in each aspect of communication in Spanish. Check the box of the appropriate level.

	Speaking	Listening	Reading	Writing
0				
1				
2				
3				
4				
5				
6				

EDUCATION

Last grade completed _____

Are you currently attending school? yes no

If yes, which school? _____

(College undergraduates) What is your major _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, Centro Latino may contact:

Name (First, Last)	Relationship to Volunteer
Phone Number	Alternate Phone Number

COMMUNITY SERVICE

Purpose for volunteering: Personal choice Community Service Class assignment

If you checked community service or class assignment, please elaborate:

Contact Name: _____ Title: _____ Phone: _____

Number of Hours Needed: _____ Date to be Completed: _____

I hereby attest that the above information is true to the best of my knowledge. I understand that if asked to volunteer, falsified information on the application will be considered cause for dismissal.

Volunteer Signature: _____ Date: _____

Received by:	Date:
Interviewed by:	Date: