

Fist Name: _____ Middle Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Emergency Contact:

Name: _____ Phone: _____

Relationship: _____

Statistics:

Are you age 18 and older: Yes , No

Check all that apply: Community Member, A-B Tech Alumni, A-B Tech Student, Military Veteran, A-B Tech Retiree,
 A-B Tech Staff

How did you hear about the A-B Tech Volunteer Program? _____

Educational Background:

What is the highest level of education or certification you have achieved? _____

Times Available:

What times are you available to volunteer? _____

Volunteer Interests

Please check all areas that you are interested in volunteering in.

- | | | |
|--|--|---|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Tutoring (Humanities) | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Tutoring (GED - Math) | <input type="checkbox"/> Therapy Dog Program | <input type="checkbox"/> Special Events Support |
| <input type="checkbox"/> Tutoring (GED - Humanities) | <input type="checkbox"/> Veteran's Cafe | <input type="checkbox"/> Radio Museum |
| <input type="checkbox"/> Tutoring (Science/Math) | <input type="checkbox"/> Short-Term Projects | <input type="checkbox"/> Other |

Is there an area not listed above that you would like to volunteer in? Yes, No If yes, please briefly elaborate.

Languages

Are you fluent in another language? Yes, No, If so yes, which language(s) _____

Office Skills

Click all those you have working knowledge of:

- Microsoft Word, Excel, Access, Outlook, Phones, Scanning, Filing, Front Desk, Data Entry,

Professional Background: What is your current or past occupation?

Skills/Hobbies/Interests

Share with us your skills, hobbies or interests that you feel are relevant to volunteering at A-B Tech.

Volunteering Elsewhere

Are you currently volunteering elsewhere?

Other Comments:

Please feel free to share with us any other necessary information you feel will help in selecting the best volunteer opportunity for you.

References:

Please supply one reference, other than family members.

Names: _____ Phone: _____

Email: _____

Criminal History Checks:

Have you ever been convicted of an offense against the law other than a minor traffic violation?

Yes, No If Yes, please explain briefly. _____

Signature: As a volunteer for A-B Tech, you will be held to the same high standards as the College's employees. By signing on the space provided, you agree to read and understand the enclosed material, adhere to all relevant guidelines, and be a vital member of the A-B Tech family.

Signature: _____ Date: _____

Return to

Patti Cameron, Campus Volunteer Coordinator
A-B Tech Community College, Simpson Bldg.
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