



VOLUNTEER APPLICATION FORM

CONTACT INFORMATION

First Name:	Last Name:	
Address:		
City:	State:	Zip:
Primary Phone:	Phone 2:	
Email:	Email 2:	

EMERGENCY CONTACT

Full Name:	What is their relationship to you?
Phone:	

STATISTICS

Are you 18 years of age or older?

What is your highest level of education achieved?

Are you fluent in another language? If so, which language(s)

When are you available to volunteer? (Mornings, Afternoons, Evenings, Etc.)

GROUP AFFILIATION

<input type="checkbox"/> Community Member <input type="checkbox"/> Military Veteran <input type="checkbox"/> UNCA Olli Member	<input type="checkbox"/> UNCA Student <input type="checkbox"/> Warren Wilson Student <input type="checkbox"/> WCU Student	<input type="checkbox"/> A-B Tech Foundation Board Member <input type="checkbox"/> A-B Tech Staff <input type="checkbox"/> A-B Tech Student <input type="checkbox"/> A-B Tech Retiree
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GETTING TO KNOW YOU

Tell us a little about yourself and your background?

Tell us why you want to volunteer at A-B Tech?

ADDITIONAL COMMENTS



VOLUNTEER APPLICATION FORM

SKILLS

Administrative Support

Microsoft Office (Word/Excel/Outlook)

Working with Veterans

Working with Disabled Adults

Zoom Platform Experience

Student Advising

FAFSA Counseling

Tutoring Experience

Teaching Experience

Other:

AREAS OF VOLUNTEER INTEREST

Administrative Volunteer

Collegiate Recovery Room Host (RESET Room)*

Therapy Dog Handler Volunteer

Tutor English as a Second Language

Veteran's Café Host

Asheville Radio Museum Host

FAFSA Assistant (Free Application for Federal Students Aid)

Tutor GED

Tutor Curriculum (Math)

Other:

***RESET Room Experience:** *If you indicated an interest in volunteering for the Collegiate Recovery (RESET Room), please provide a short paragraph on why you would like to volunteer to support our students in this role. Ensure to include your experience working/interacting with those in the addiction recovery process.*

ACKNOWLEDGEMENTS

Volunteer Process

All Volunteers must undergo the on-boarding process, which includes the following.

- Complete the volunteer application form
- Submit to a criminal background screening
- Complete an interview and orientation with our Campus Volunteer Coordinator
- Granted final approval to volunteer by the specific volunteer position supervisor

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 all orientation material, adhere to all relevant guidelines, and be a vital member of the A-B Tech family. We will also look to you to champion the College's cause to produce skilled and educated workers, create jobs, and grow businesses.

Signature:

Date:



VOLUNTEER APPLICATION FORM

FOR OFFICE USE ONLY	
Volunteer Full Name	
Submittal Date	
Initial Contact Email Sent	
NVO Scheduled	
CRC Invite Sent	
CRC Review	
Next Steps Email Sent	
CIS/NEMP Entered	
CIS #	
Welcome Package Sent	
Parking Decal to Campus Police	
Onboarding Completed <i>(Start Date)</i>	
Separation Date	
Notes	