



# AFRICA'S CHILDREN'S FUND

4470 Chamblee-Dunwoody Road, Suite 440 Atlanta, GA 30338

Office: (678) 381-1282 \* Fax after 3pm: (678) 381-1282

www.africaschildrensfund.org

## VOLUNTEER APPLICATION

### PERSONAL INFORMATION (please print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_

Office (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

**Preferred Contact:** Please indicate the best form of contact for you?

Home  Cell  Office  Email

**Gender:**  Male  Female **Age:** \_\_\_\_\_ **Date of Birth** (mm/dd/yy) \_\_\_\_\_

**Employment:** Are you employed?  Yes  No **With whom are you employed?**

\_\_\_\_\_

**Employer Address (If known)** \_\_\_\_\_

\_\_\_\_\_

**Education** (Please check highest level achieved)

High School Graduate If no, please list the highest grade you completed \_\_\_\_\_

Some College  College Graduate Major \_\_\_\_\_

Post College Major \_\_\_\_\_

**Do you have any children?**  Yes  No If yes, please list their ages: \_\_\_\_\_

## GENERAL INFORMATION

**Skills-Hobbies:** List any professional skills, training, hobbies and/or special talents you hold:

---

---

---

**Community Affiliations** (Clubs, Organizations, etc.) \_\_\_\_\_

---

**Volunteer Experience:** (Please describe previous experience working with youth):

---

---

---

**Special Certification:** (ie. CPR, Medical, First Aid, etc) \_\_\_\_\_

**Which of the following would you like to participate? (Check one or more.)**

- Project EXCEL
- Project W.A.T.C.H
- Gift of Books
- AIDS Orphans Project
- Emergency Relief Assistance
- Administrative Office Support
- Special Events
- Public Relations
- Marketing
- Speakers Bureau
- Other: \_\_\_\_\_

**TUTOR/MENTOR APPLICANTS**

(Individuals volunteering to as Project Excel Tutors and/or Mentors, please complete items A-E)

**A. Tutor/Mentor Experience:** Have you ever served as a tutor or mentor before?

Yes       No

**B. Age Preference:** Age level you prefer working with? (Check all that apply)

Elementary     Middle     High

**C. Preferred Subject(s):**

Math       English/Language Arts       Science       Social Studies  
 Other \_\_\_\_\_

**D.** Are you comfortable working with youth with discipline and behavioral issues?

Yes       No

**E.** Are you comfortable working with youth who are a different race than yourself?

Yes       No

**AVAILABILITY**

**Week Days:**     Monday       Tuesday       Wednesday       Thursday       Friday  
**Time:** \_\_\_\_\_

**Weekend:**                       Saturday                       Sunday  
**Time:**                      \_\_\_\_\_

**AFRICA’S CHILDREN’S FUND KNOWLEDGE**

Have you heard of Africa’s Children’s Fund prior to this event?     Yes     No

Where did you hear about the Africa’s Children’s Fund? \_\_\_\_\_

**MOTIVATION FOR INVOLVEMENT**

What motivated you to get involved with Africa’s Children’s Fund?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_