



Moab Valley Multicultural Center

Advocate. Collaborate. Celebrate.

Building bridges where language and culture are barriers

VOLUNTEER APPLICATION AND SERVICE AGREEMENT

Name _____ Telephone # ____ - ____ - _____
Address _____ Town _____ Zip _____
Emergency Contact Name: _____ Emergency Contact Phone: _____
Email: _____ Birthdate: _____

Are you 18 years of age or older? Circle one: YES NO

IF UNDER AGE 18, PARENT OR GUARDIAN MUST SIGN BELOW

Highest level of schooling attained (circle one) High School Bachelor's Master's
Spanish Proficiency (circle one): None Beginner Intermediate Advanced

Volunteer Interest (please check all that apply):

- After-school Programs Summer Programs Office Assistance
 Language Instruction Events and Fundraising Grounds Work
 Other _____

Please share with us any special skills, knowledge, and experience or abilities that you think might be relevant (e.g. teaching ESL or children, legal, website design, computer maintenance, languages):

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Start Date: _____

End Date: _____