# INTERNATIONAL INSTITUTE OF WISCONSIN

1110 NORTH OLD WORLD THIRD STREET, SUITE 420 MILWAUKEE, WI 53203, USA 414/225-6220 FAX:225-6235 www.iiwisconsin.org **Volunteer Application** 

Thank you for your interest in volunteering with the International Institute of Wisconsin. We look forward to working with you! *Please note: all information provided in this application is confidential and for internal use only.* 

# **I.** Contact Information

Name:	Address / City / State / Zip Code:
Birthdate:	
Email:	Primary Phone:
Preferred Method of Contact:	Best Time to Contact:

#### II. Skills & Involvement

Educational/Professional Background:	Previous Volunteer Wo	rk:
	т	D.C.
Community Involvement:	Language	Proficiency

For Office Use Only	
Orientation Date:	Preferences:
Official Start Date:	Family:
Meeting Day/Time:	Case #:

# Which of the following volunteer opportunities are of interest to you? Mark all that apply

Refugee Resettlement			
Family Mentorship	Mentors provide support to newly resettled Burmese refugee families in the clients homes by helping them learn English and adapt to life in the U.S.		
Children's ESL Club	Engage refugee children ages 1-5 in fun English based activities while their parents are in cultural orientation and ESL classes		
Pre-Arrival Housing Set-Up	Volunteers will help clean, transport items, and set up a refugee's family housing before their arrival to provide a welcoming home		
	Special Events		
Event Volunteer	Volunteers assist with set-up, registration, monitoring events, serving food and much more at the various events IIW coordinates throughout the year		
International	International Visitor Leadership Program (IVLP)		
Home Hospitality Host	Host visiting international leaders for a meal to share the Midwestern spirit of hospitality		
Internatio	nal Institute of Wisconsin Office		
Donation Drive Organizer	Take the lead in organizing a donation drive of needed item for IIW from our wish list		
Other Professional Skills	Do you have other professional skills that would be useful to IIW? Write a brief summary of how you would be willing to help.		

#### III. Availability

# What times are you most available to volunteer?

Fill in the times you are available in the boxes below. Leave the box empty if unavailable.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Would you be willing to be contacted on short notice to volunteer?

Yes No

How long are you willing to commit to volunteering? Circle all that apply

Open-ended One year Six months Three months Other (please specify)

# How frequently are you willing to commit to volunteering? Circle all that apply

Multiple times a week Once a week Once every two weeks Once a month

Other (please specify)

## **IV. References and Further Information**

Please provide three references below:

Name	Telephone and email	How long and in what capacity have you known this person?

Please note: family members cannot be used as personal references

How did you hear about volunteering with the International Institute of Wisconsin?

Do you have any special requirements for volunteering (e.g. Time sheet for college credit, work, etc.)? If yes, please explain:

Have you ever been convicted of a crime other than a minor traffic violation? If so, please explain: (*Please note: conviction of a crime does not constitute automatic disqualification to volunteer*)

#### **Participant Photo Release**

I, \_\_\_\_\_\_, as a volunteer of the International Institute of Wisconsin, give my consent to the Institute to exhibit, reproduce, distribute and present my image (e.g. photographs) with any words or written material that I produce in any communication or media piece in connection with the Institute.

### **IV. Authorization to Check References**

I, \_\_\_\_\_, hereby authorize the International Institute of Wisconsin to contact all my references, and to inquire about, investigate, and obtain copies of any records which relate to me from my former employer and/or educational institutions I have attended. I hereby release IIW and all affiliated entities, as well as any person or institution that provides IIW with any information about me, from any and all liability whatsoever resulting from any such inquiry, investigation, or communication.

Applicant signature

Date

Print name

Please send completed applications or questions to refugees@iiwisconsin.org

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