



YOUTH SERVICES
 2124 W. 21st Place, Chicago, IL 60608
 P: 773.890.7676 • F: 773.890.7650
 www.mujareslatinasenaccion.org

YOUTH SERVICES—VOLUNTEER/INTERN APPLICATION

CONTACT INFORMATION:

NAME: _____ DATE: _____

ADDRESS: _____

City	State	Zip Code
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DATE OF BIRTH: ____/____/____ AGE: _____
 Month Day Year

TELEPHONE #: _____

ALTERNATIVE PHONE#: _____

E-MAIL ADDRESS: _____

Do you prefer to be contacted via phone or email? _____

Are you interested in becoming a: _____ Volunteer _____ Intern

How did you hear about Mujeres Latinas en Acción?

- | | |
|---|---------------------|
| _____ TV | _____ Newspaper |
| _____ Friend | _____ Special Event |
| _____ Place of Employment, please specify _____ | |
| _____ School, please specify _____ | |
| _____ Other, please specify _____ | |

EDUCATION:

Highest level completed:

- | | |
|-----------------------------------|-----------------|
| _____ Elementary | _____ H.S. |
| _____ Associates | _____ B.A. /B.S |
| _____ M.A. /M.S. | _____ PhD |
| _____ Other, please specify _____ | |



Graduation date or expected graduation date: _____

Degree/Specialization: _____

If you are presently a student, what school do you attend?

EMPLOYMENT:

Please list the 2 most recent positions held, beginning with the most recent:

Position: _____

Date of employment: _____

Employer: _____

Supervisor: _____

Address: _____

Telephone #: (____) _____

If no longer employed, reason for leaving? _____

Position: _____

Date of employment: _____

Employer: _____

Supervisor: _____

Address: _____

Telephone #: (____) _____

If no longer employed, reason for leaving? _____

PREVIOUS VOLUNTEER/TRAININGS:

Please describe previous volunteer experiences or trainings:

1. _____
2. _____
3. _____

VOLUNTEER INTERESTS:

Why are you interested in volunteering for Mujeres Latinas en Accion Youth Services?



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What past experiences, skills, talents, knowledge, training, etc. can you contribute to the work in our Youth Program?

What is your availability and time commitment?

- Once a week
 Twice a week
 Once a month
 Other, please specify _____

Preference for day(s) of the week?

- Mondays Tuesdays
 Wednesdays Thursdays
 Fridays Weekends

What time of the day?

- Mornings Afternoons Evenings

Please, list any language that you speak other than English:

REFERENCES:

Professional

Name: _____ Relationship: _____
Time known: _____ Phone #: _____

Personal

Name: _____ Relationship: _____
Time known: _____ Phone #: _____

Please submit this completed application to Maritza Rocha, Director of Youth Services at Mujeres Latinas en Acción by email to mrocha@mujareslat.org or fax to (773)890-7650 or by mail to 2124 W. 17th Street Chicago, IL 60608. If you have any questions please contact us by email or phone to (312) 339-0212.

THANK YOU!

Revised 5/2016