



The Immigration Project

211 Landmark Drive, Suite B3A, Normal IL 61761

VOLUNTEER INTEREST FORM – HOME OFFICE

Thank you for taking the time to complete this form for our records. Please print clearly. Our Volunteer Coordinator will contact you within 5-8 days of receiving this form.

In-Office Notes:

Date: _____

Name: _____

Birthday: _____

Phone: _____ or _____

Can we text you? Y N

Email: _____

Home Address: _____

Students: School Address: _____

Major: _____ Graduation Date: _____

Have you visited our website (www.immigrationproject.org)? Y N

Have you visited our Facebook page (<http://www.facebook.com/theimmigrationproject>)? Y N

Have you visited our Twitter page? ([@TheImmProj](https://twitter.com/TheImmProj))? Y N

List any languages you speak in addition to English and indicate your proficiency.
(F = Fluent, A= Advanced, I = Intermediate, B= Beginner)

Which office would you like to volunteer with? Normal Champaign

Which Volunteer Roles interest you? (For more information please refer to our website listing at <http://www.immigrationproject.org/volunteer/>.)

Case Assistant

Translation/Interpretation (indicate which language)

Spanish French Lingala other: _____

Community Navigator

Administrative/Clerical (please indicate which area)

Reception/Intake (bilingual Spanish preferred)

Development (fundraising)

Marketing (website, articles, radio spots) or Communications (social media and literature development)

IT (tech support)

One-time projects (for things such as videos/Power Points)

Other (please specify): _____

What interests you about our work and what skills do you have that you'd like to use or develop here?

****PLEASE SUBMIT A COPY OF YOUR CURRENT RESUME WITH THIS FORM, IF AVAILABLE.****

For what length of time are you considering volunteering with us?

One-time event One to three months Longer term

What is your estimated availability?

Which months of the year? _____

Please indicate which period(s) of time you think you will be available each day of the week

	10-11 AM	11AM- 12PM	12-1 PM	1-2 PM	2-3 PM	3-4 PM	4-5 PM
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many times a week do you want to volunteer? _____

How many hours maximum do you want to do in one day of volunteering? _____

What is your tentative start date? _____

Are you volunteering with a class or program that requires hours? Y N

If yes, which class/department? _____

Total Hours needed: _____ Approximate Start Date: _____

****PLEASE INCLUDE A COPY OF THE PROGRAM REQUIREMENTS WITH THIS FORM, IF AVAILABLE.****

BACKGROUND INFORMATION:

Have you, a family member, or a friend ever sought services from The Immigration Project? Y N

Do you have or have you had any criminal charges against you? Y N

If yes, what for? _____

Is the case closed? _____

Would you be willing to submit to a background check if requested? Y N

Please email the following information to the Volunteer Coordinator:

- This completed form as an email attachment, including page 4
- The training date you are interested in (see website)
- A copy of your program requirements, if applicable
- A copy of your current resume, if available

Normal Office:

Genesis Marie Buendia
Volunteer Coordinator – AmeriCorps VISTA
EMAIL: gbuendia@immigrationproject.org

Champaign Office:

Nat Bauer
Development and Volunteer Coordinator – AmeriCorps VISTA
EMAIL: nbauer@immigrationproject.org

You will be contacted within 5-8 business days

The Immigration Project

211 Landmark Drive, Suite B3A, Normal IL 61761
(PO Box 1503, Bloomington, IL 61702-1503)

Rights & Duties as to Client Confidentiality

The Immigration Project supports the legitimate expectation of its client families to privacy. This right to privacy includes a limitation on the use of information and other communications observed by volunteers.

All records, actions and other communications made by clients are confidential. Their use is governed by the laws of the State of Illinois and the policies of The Immigration Project.

Under Illinois law, you may not disclose these confidences to anyone not authorized by the client to receive them. Breach of this duty can result in civil and criminal penalties including up to \$1,000.00 fine, one year in prison, or both.

Do not:

1. Reveal to anyone the name or identity of a client.
2. Repeat any statements, descriptions, or actions made by the clients.
3. Reveal to anyone any portion of a record created by any person based on communications or actions by the client (for example, applications, fee cards, case counts, or reports).
4. Use passwords or access information outside your time at The Immigration Project.

Changing the client's name or other identity data is not enough to avoid these duties. You can discuss the case only with staff members of Immigration Project.

I have read this statement. I understand my rights and duties set forth above. I agree to perform these duties.

E-Signature _____

Date ____ / ____ / ____

Printed Name _____

Phone Number _____

Mailing Address _____

Email _____