



INTEREST FORM

Personal Information

Full Name _____

Address		City	State	Zip
Phone Number	Mobile Number	Email Address		
Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Are You Willing To Submit to a Background Check? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Availability

Available Start Date	Days / Times Available	Hours per week
Term of Service: <input type="checkbox"/> One year <input type="checkbox"/> 6 months <input type="checkbox"/> Undetermined <input type="checkbox"/> Other: _____		

Questionnaire

1. How did you hear about Arukah Project?

2. Why would you like to work / volunteer with Arukah Project?

3. Do you volunteer for any other organizations?

4. Organization Name(s): _____



AREAS OF SPECIAL INTEREST

(Check those areas you have special interest or skills in)

Client Services

- | | | |
|--|---|---|
| <input type="checkbox"/> Emergency Housing | <input type="checkbox"/> Job Skills | <input type="checkbox"/> Life Skills |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Social Services Advocate | <input type="checkbox"/> Special Skills |
| <input type="checkbox"/> Cleaning / IHSS | <input type="checkbox"/> Transportation | <input type="checkbox"/> Art |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Host home / Housing | <input type="checkbox"/> Activities |
| <input type="checkbox"/> Other: _____ | | |

Professional Services (you may be asked for credentials, licensing, education, certifications)

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Haircut / Color | <input type="checkbox"/> Counseling | <input type="checkbox"/> Art therapy |
| <input type="checkbox"/> Tax / Financial | <input type="checkbox"/> Education | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Exercise / Training | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Other: _____ | | |

Trafficking Prevention / Awareness

- | | | |
|--|--|---|
| <input type="checkbox"/> Trafficking Awareness | <input type="checkbox"/> School programs | <input type="checkbox"/> Church Liaison |
| <input type="checkbox"/> Trainer/Educator | <input type="checkbox"/> Event Assistant | <input type="checkbox"/> Media Agent |
| <input type="checkbox"/> Other: _____ | | |

Administration / Office

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Newsletter / Social Media | <input type="checkbox"/> Clerical/Secretary | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Organizational Networking | <input type="checkbox"/> Grant Writer | <input type="checkbox"/> Webmaster |
| <input type="checkbox"/> Event Assistant | <input type="checkbox"/> Fundraising Director | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Graphics / Design | <input type="checkbox"/> Community/Public Relations | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Other: _____ | | |