



HAITIAN-AMERICANS UNITED FOR PROGRESS, INC.

197-17 Hillside Avenue ♦ Hollis, NY 11423
Tel: (718)-527-3776 ♦ Fax: (718)-276-5481 ♦ haupinc.org

VOLUNTEER APPLICATION

Name _____ Date of Birth ____/____/____

Address _____

City _____ State _____ Zip code _____

Telephone _____ Email _____

When Are You Available To Start? _____

Which Day(s) Are You Available To Volunteer (please circle): **M T W TH F**

Our office is open from 9am-6pm Monday-Friday; please indicate the times that you are available:

Why do you want to volunteer at our organization (check all that apply):

- Community/Organization Member Corporate/Professional Volunteer
- Class Requirement or Community Service Project (College Student High school Student)
- Other: _____

Do you speak any language other than English? If yes, which one: _____

Have you ever volunteer with us before? YES NO

If yes: In Office At An Event, which one(s): _____

Please list any skills, talents, and hobbies you may have to contribute to the office or event planning:

AUTHORIZATION

*I CERTIFY THAT THE FACTS PROVIDED IN THE VOLUNTEER APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THE ORGANIZATION HAS THE RIGHT TO DISCONTINUE MY VOLUNTEER SERVICE FOR ANY REASON.

SIGNATURE: _____ DATE: _____

(UNDER 18)

PARENT SIGNATURE: _____ DATE: _____



**Development of Young Professionals
"Getting to Know You?"**

Name _____
Provider _____

1. What school do you attend and what grade are you in?

2. What is your dream career?

3. What are your strengths?

4. What are your weaknesses?

5. What would you like to improve?

6. What would you like to learn?

Comments/Questions/Concerns: