



布魯崙華人聯合會  
United Chinese Association of Brooklyn  
78 Quentin Road, Brooklyn, NY 11223  
(718) 232 0055 / (718) 256-0404

## Volunteer Application Form

Name: \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

1. How did you hear about UCA? \_\_\_\_\_

2. Why would you like to volunteer? \_\_\_\_\_

3. What days and time are you available to volunteer?

Mon	Tue	Wed	Thu	Fri	Sat	Sun

4. What is the earliest day you can start to volunteer? \_\_\_\_\_

5. How many hours would you like to volunteer? \_\_\_\_\_ per week \_\_\_\_\_ per month

6. What Skills/knowledge/expertise do you have? \_\_\_\_\_

7. What skills/knowledge/expertise would you like to gain? \_\_\_\_\_

8. Language Capabilities: A. Language: \_\_\_\_\_ Rate on a scale of 0 - 5: Speak \_\_\_\_\_ Write \_\_\_\_\_ Read \_\_\_\_\_

B. Language: \_\_\_\_\_ Rate on a scale of 0 - 5: Speak \_\_\_\_\_ Write \_\_\_\_\_ Read \_\_\_\_\_

**If under 18, please complete the following information about your legal guardian:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: (if different from home address): \_\_\_\_\_

### **Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST IN VOLUNTEERING FOR UCA.  
WE WILL CONTACT YOU AS SOON AS POSSIBLE TO DISCUSS VOLUNTEERING OPTIONS.**

Activity/Program: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_