



# MAI Family Services

## 2010 Volunteer Form

### Contact Information

Full Name: \_\_\_\_\_  
*Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* \_\_\_\_\_ *Apartment/Unit #* \_\_\_\_\_

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP Code* \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Contact Time and Method: \_\_\_\_\_

### Additional Information

Occupation: \_\_\_\_\_

What language(s) are you fluent in? \_\_\_\_\_

How much time can you commit to volunteering? \_\_\_\_\_

Tell us about your previous volunteer or community service experience:  
 \_\_\_\_\_

Do you have any skills or special interests that might be helpful at MAI Family Services?  
 \_\_\_\_\_

What do you hope to gain from your experience?  
 \_\_\_\_\_

### Which volunteer opportunities interest you? Highlight or circle all that interest you.

- |                                  |  |   |
|----------------------------------|--|---|
| Community education              | Interpretation/translation                   | Professional Services (medical, legal, mental health) |
| Community outreach               | Material development (newsletter, resources) | Training workshops                                    |
| Grant research/writing           | Publicity                                    | Event Planning  |
| Fundraising                      | Transportation                               | Board Participation                                   |
| Caseworker (professional degree) |  |   |