Volunteer Application Form
Community Technology Center

Personal Information
Date of Application _____ / ____ / _____

Name ______________________________________________ 
Date of Birth (month)____ (day) ____ Are you under 18 years old? _____
Phone __________________
Alternative phone / cell phone ____________________ ___
Address __________________________________ City ______________________ Zip: ______________
Emergency Contact: Name _________________________  Relationship: _____________________
Phone __________________

Volunteer Areas/Positions/Responsibilities

Please Check areas you are interested in:

Phone Lines ____  Technical support ____  Newsletter ____
Clerical ____  Web support ____
Workshop Instructor ____  Graphic Design____
Open Lab Tutor ____
Other______________________________________________ __________________________________
___________________________________________________ __________________________________

Availability

Please check day &/or evenings (after 4:30 pm) according to your usual availability. Include specific hours (for example: 9:00 – 11:00 am)

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How many hours per week would you like to volunteer? __________

Are you interested in occasional "on call" work (events, phone calls, etc)? Yes / No
Experience & Skills
Please tell us about the talents & abilities you would bring to volunteering at The CTC:

Languages (other than English) spoken ____________________ written ____________________

Computer Knowledge ________________________________

Community Organization Experience ______________________

Other areas of interest ________________________________

Goals
What do you personally hope to achieve by Volunteering at The CTC?

References
Please list two people as references. One can be a personal reference; one must be a professional reference.

Name _______________________ Phone ________________ Years Known ______

Name _______________________ Phone ________________ Years Known ______

Signature ________________________________

Please return application to Reception. The Volunteer Coordinator will contact you with an orientation session date.
VOLUNTEER COMMITMENT FORM

One of the most common complaints about volunteers is their unreliability. Unfortunately, this complaint does have a considerable factual basis. Many volunteers do fail to keep their commitments, and in many cases, they do this because they agree to take on a task without fully considering all the aspects.

Before you commit yourself to some type of volunteer service, you should think things over carefully. Changing your mind later on could create serious problems. We want your volunteer experience with the CTC to be successful. Please look over this sheet and the questions below.

Before making a commitment, you should at least consider:

- The job description. Can you meet the expectations according to the job description?
- Your motivation. Will your contribution be meaningful to you? Will your objectives in volunteering be met?
- Home and business commitments. Is it likely that other obligations will arise?
- The time you have available. Are you already over committed?

When people like you volunteer time and services to organizations, they sometimes feel as if the commitment is never ending.

**At the CTC, we appreciate the time you’re willing to give and don’t want you to feel bound by unclear expectations.**

By asking each person to consider the form below, we will be more able to match your expectations with an opportunity to volunteer.

**Please discuss specific opportunities with CTC staff and we will help you complete the following form. Thank you!**
I, __________________________________________, agree to offer my services to the Community Technology Center (CTC) at Passaic County Community College for the volunteer position of __________________________________________.

I agree to work for the 6-month period of ____/____ to ____/____, offering __________ hour(s) of my time per ______ week

OR

Offering my time to complete the following project: __________________________________________

__________________________________________________

If I am dissatisfied with this position for any reason, I will contact the Volunteer Coordinator ____________________ and understand that I can change positions to better suit my professional skills and talents.

I have read the CTC Policies and Procedures Manual for paid and non-paid CTC employees and I fully understand the policies in it.

_________________________________________   ______________________
Signature of non-paid staff member                  Date
CTC Volunteer Jobs Interest Form

Based on your skills, which of the following jobs do you think you are qualified to perform?
Please put a check next to them

Workshop Instructor

Open Lab Tutor

Technical Support

Web Support

Graphic Design Support

Newsletter Support

General Support

Of all the jobs you checked, please choose the two which you are most interested in applying for.
Rate them in the order of preference.

1st Preference

2nd Preference
PUBLICITY RELEASE FORM

NAME: ____________________________________________

ADDRESS: __________________________________________

PHONE: _____________________________________________

I GIVE PERMISSION FOR MY NAME AND OTHER PRESS RELEASE/STORY
INFORMATION, AS WELL AS MY PHOTOGRAPH, TO BE USED IN ANY PCTC OR
PCCC RELATED PUBLICATION OR IN ANY OTHER OUTSIDE PUBLICATION
DEEMED SUITABLE FOR THE PURPOSE OF PROMOTING THE COLLEGE AND THE
PCTC. I RECOGNIZE THAT THERE WILL BE NO COMPENSATION FOR USE OF MY
INFORMATION OR PHOTOGRAPH.

SIGNATURE: __________________________________________