



AARON COMMUNITY CULTURAL CENTER WWW.ACCCBSM.COM Call: 800.527.4184, ACCCBSM@GMAIL.COM

Volunteer Information Sheet

Today's Date:		
Name:		y):
Home Phone:		
Work Phone:	_ Email:	
Street Address:		
City, State Zip:		
VOLUNTEER INTERESTS	S (Check all that apply)	
☐ I am applying for the speci	fic volunteer position of:	
☐ I have general volunteer in	terest in:	
Resident Services	Property Work	<u>General</u>
\square Kids Only Programs	☐ Painting	☐ Board Membership
☐ Homework Tutor	☐ Gardening	☐ Committee Service
☐ Adult workshops	☐ Landscaping	☐ Grant Writing/Research
☐ Seniors: Bingo, fieldtrip	☐ Facility Improvement	☐ Housing Advocacy
☐ Plan a community event		☐ Public Speaking
		☐ Marketing

Events	Office Help	Publications
☐ Auction	☐ General Office Help	☐ Writing
☐ Design/Decoration	☐ Computers	☐ Layout & Design
☐ Fund Raising Events	☐ Phones – Answer/Make Calls	☐ Proofreading
☐ School Programs	☐ Bulk Mailing Help	☐ Website Design
☐ Job Training Programs	☐ Data Entry / Database	[]Social Media Marketing
☐ Seminars		
Other		
	I'm willing to do just	st about anything. Just ask.
Background Information:		
1. Past Volunteer Experience	(s):	
a		
b		
c		
d		
2. Current Employment/Previ	ous Employment:	
a		
b		
c		
3. Education:		

a	
b	
c	
4. Computer Skills (Microsoft Office, Intern	net, Website Design, etc.):
a	
b	
c	
5. Trainings/Certificates (First Aid, CPR, et	
a	
b	
c	
d	
e	
6. Languages (other than English):	
a	
b	
c	
7. Are you a previous or current ACCC Hou	using resident? Yes or No
8. Are you applying to be a resident at an A	ACCC Housing property? \square Yes or \square No
References (please list one or two)	
1. Name	
Email:	-
Phone:	
Relationship:	
2. Name	
Email:	
Phone:	
Relationship:	
Thank you for filling out this form!	

We are excited that you are interested in volunteering with Imagine Housing. Please know that all information is held in strict confidence. Completed forms can be returned to:

acccbsm@gmail.com



