



111 E. Kirby, Detroit, MI 48202  
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### Volunteer Application Form

**Mission Statement:**

The International Institute is dedicated to working with American and foreign-born residents in the task of social problem solving, acculturation, education, and acceptance. The IIMD provides human and physical resources to advance the welfare and integration of foreign-born residents, promote global awareness and cultural harmony, celebrate heritage and serve other organizations in areas of its competence.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Education:**

	Name & Address of School	Course of Study	# of Years Completed	Diploma/ Degree
High School (GED)				
Vocational/ Technical				
College/ University				
Graduate/ Professional				

**References:**

	Name	Address	Phone Number	Relationship
1				
2				
3				

**Employment Experience:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Work Performed:

\_\_\_\_\_  
\_\_\_\_\_

Dates worked from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Work Performed:

\_\_\_\_\_  
\_\_\_\_\_

Dates worked from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_

Type of services you are interested in providing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many \_\_\_\_\_ hrs per wk \_\_\_\_\_ per mo. \_\_\_\_\_ day of the week

Do you have any certificate/specialized training?

Name of Certification	Issuing Organization	Type	Expiration
First Aid			
CPR			
WSI			
Life Guardian			
Fitness			

For Jobs Requiring Driving Only

1. Do you have a valid driver's license in this state? Yes\_\_ No\_\_
2. Do you possess a youth bus or school bus driver's certificate? Yes\_\_ No\_\_
3. Are you over 21? Yes\_\_ No\_\_

**For Jobs Requiring Office Experience:**

Microsoft:

Word \_\_\_\_ Excel \_\_\_\_ Access \_\_\_\_ Power Point \_\_\_\_ Publisher \_\_\_\_ Outlook \_\_\_\_

Office Machines

Copy Machines \_\_\_\_ Typewriter \_\_\_\_

Other Experience:

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I certify that all of the statements made by me in this application are true. I understand that should any statement be false, termination of my services.

Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_