



뉴욕가정상담소

The Korean American Family Service Center

· P.O. Box 541429, Flushing, NY 11354

· Tel: (718) 539-3801 (admin), (718) 460-3800 (hotline) / Fax: (718) 460-3965

Application Date:

Contact Information

Name:	M <input type="checkbox"/> F <input type="checkbox"/>	Date of Birth	/	/
Home Address:				
Mailing Address:				
Daytime Phone:	Evening Phone:			
Email Address:				

Background Information

Occupation:	Highest Level of Education:
Years in the US:	Greencard <input type="checkbox"/> Visa <input type="checkbox"/>
Spoken Korean: Fluent <input type="checkbox"/> Proficient <input type="checkbox"/> Basic <input type="checkbox"/> None <input type="checkbox"/>	
Written Korean: Fluent <input type="checkbox"/> Proficient <input type="checkbox"/> Basic <input type="checkbox"/> None <input type="checkbox"/>	
Spoken English: Fluent <input type="checkbox"/> Proficient <input type="checkbox"/> Basic <input type="checkbox"/> None <input type="checkbox"/>	
Written English: Fluent <input type="checkbox"/> Proficient <input type="checkbox"/> Basic <input type="checkbox"/> None <input type="checkbox"/>	
How did you first hear about the Korean American Family Service Center (KAFSC)?	
Please describe your previous experience with other nonprofit organizations, Boards of Directors, or other volunteer organizations:	
Have you ever been convicted of a crime or been the subject of a child abuse investigation?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please describe:	
Has anyone ever filed an Order of Protection against you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please describe:	
Have you ever taken medication related to mental health? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please describe:	
Do you have any physical or mental condition(s) that should be considered in arranging volunteer assignments? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please describe:	
Briefly state the reasons why you wish to volunteer for KAFSC:	

Briefly describe any relevant work experience.

What do you hope to gain from volunteering?

Availability

Start Date:

End Date:

How often would you like to volunteer?

Regularly Periodically One time or Short-term Project

How many hours would you like to volunteer?

Hours per week: or Hours per month:

Are you available to volunteer during the day (9 to 5)? Please indicate available days:

Mon Tue Wed Thu Fri

What specific volunteer work or activities interest you? Please check all that apply:

- 24-hour Hotline Counseling (requires completion of our internal volunteer training)
- Counseling (requires counseling experience & additional training)
- Assistant teacher for our after-school programs
- Accompaniment and Advocacy services (e.g. to courts, police station, hospital, public assistance offices)
- English classes for Women
- Fundraising
- Community education and outreach
- Administrative and Clerical
- Mentoring program for Korean American children (requires separate interview and training)
- Providing a safe home
- Translation/Interpretation
- Other (please specify):

For Office Use Only:

Interview Date:

Interviewed by:

Interview Comments: