



Computer Assistance Volunteer Application

Today's date _____

Name _____ Birth date _____

Home Address _____ City/Zip _____

Cross Streets _____

Home Phone _____ Cell Phone _____

E-mail address _____

Company/Organization _____ Office Phone _____

Occupation _____ Office Fax _____

Education: Number of Years _____ Major/Degree _____

Technical Education _____

Technical Experience _____

What software are you proficient in? _____

What software programs do you feel comfortable teaching? _____

What are your hobbies and special interests? _____

Are you bilingual? _____ If yes, what language(s) _____

List two:

Emergency Contact _____ Phone/Cell _____

Emergency Contact _____ Phone/Cell _____

Reference Contacts- List two:

Personal Contact _____ Phone/Cell _____

Personal Contact _____ Phone/Cell _____

Please select service(s) to provide and availability:

Computer Assistance Program (Instruction) _____ Computer Technical Support _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am	am	am	am	am	am	am
pm	pm	pm	pm	pm	pm	pm

Orientation Date _____ Copy of Driver's License _____ Copy of Car Insurance _____

Conditions Release and Waiver of Liability Signed _____ Photo Release _____

Orientation completed by _____ Date/Time _____