

Digital Sisters' Volunteer Enrollment Form

Name: _____ Position Interested in: _____

Address: _____ Other position: _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Office) _____

Email: _____ Website: _____

Contact in emergency: _____ Phone: _____

I. Skills and Interest

1. Education background: _____
2. Current occupation: _____
3. Hobbies, skills, interests: _____
4. Previous volunteer positions: _____

II. Preferences in Volunteering

1. Is there a particular type of volunteer work in which you are interested?

(Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Working one-on-one with a single client | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Working directly with a staff person as an assistant | <input type="checkbox"/> Providing service to several clients |
| <input type="checkbox"/> Doing research, training or an individual project | <input type="checkbox"/> Working occasionally on group projects |
| <input type="checkbox"/> Other: _____ | |

2. Is there a person or group with whom you are particularly interested in working?

(Check all that apply)

- | | | | | |
|--|---------------------------------------|----------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors | <input type="checkbox"/> Teens | <input type="checkbox"/> Children |
| <input type="checkbox"/> People w/Disabilities | <input type="checkbox"/> Agency Staff | <input type="checkbox"/> Men | <input type="checkbox"/> Women | |
| <input type="checkbox"/> Other: _____ | | | | |

3. Are there any groups with which you would not feel comfortable working?

- No Yes, please indicate: _____

III. Availability

1. At What times are you interested in volunteering?

- | | | |
|--|--|--|
| <input type="checkbox"/> I am Flexible | <input type="checkbox"/> Prefer Weekdays | <input type="checkbox"/> Prefer evenings |
| <input type="checkbox"/> Prefer weekends | <input type="checkbox"/> Prefer Days | <input type="checkbox"/> Other |

IV. Capacity

1. What is your technological capacity (Check all that apply)

- | | | | |
|--|----------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> PC | <input type="checkbox"/> MAC | <input type="checkbox"/> Internet | <input type="checkbox"/> Fax Machine |
| <input type="checkbox"/> CD/DVD Burner | <input type="checkbox"/> Zip 100 | <input type="checkbox"/> Zip 250 | <input type="checkbox"/> Other: _____ |

2. What is your software capacity? (Check all that apply)

- | | | | |
|---|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Acrobat Reader | <input type="checkbox"/> Photoshop | <input type="checkbox"/> Paint Shop Pro | <input type="checkbox"/> Publisher |
| <input type="checkbox"/> Dreamweaver 3/4 | <input type="checkbox"/> Flash | <input type="checkbox"/> Access | <input type="checkbox"/> Database |
| <input type="checkbox"/> IE Browser 5.5 + | <input type="checkbox"/> Netscape 4/6 | <input type="checkbox"/> Acrobat 4.0/5.0 | <input type="checkbox"/> Spreadsheets |
| <input type="checkbox"/> Other _____ | | | |

3. What your access capacity
28k 33k 56k DSL T1 Cable

V. Background Verification

1. Have you ever been convicted of a criminal offense?
 No Yes
2. Have you ever been charged with neglect, abuse or assault?
 No Yes
3. Do you use illegal drug?
 No Yes
4. Do you have any physical limitations or are you under any course of treatment, which might limit your ability to perform certain types of work?
 No Yes
5. Please list two non family references whom we might contact:
a. _____ Phone: _____ Email: _____
b. _____ Phone: _____ Email: _____
6. What do you hope to accomplish as a result of your volunteering with Digital Sisters, Inc.? (what benefits do you hope to gain by your volunteer experience with Digital Sisters, and how do you want Digital Sisters and the communities it serves to benefit from your work with us?)

7. For what other organizations have you been a volunteer?

8. What did you like or not like about your other volunteer experiences?

9. How did you hear about us?
Volunteer Match Networks for Good Volunteer Center
Digital Sister Website Guidestar Referred by Friend/Volunteer
ServeNet Idealist Wellspent.org
Listserv/Email list: _____ Other: _____

Additional Comments:

Please mail or fax form to:

Shireen Mitchell, Executive Officer

Digital Sisters, Po Box 76528, Washington, DC 20013

Fax: 202.722.8604 Voice: 202.722.9832 (YTEC)

www.digital-sistas.org/volunteer Email: volunteer @ digital-sistas.org

Thank you for your interest and we hope to have lasting and fruitful interactions.