



80 Hanson Place, Suite 604
Brooklyn, NY 11217

Phone: 718.230.4186
Fax: 718.230.4556
www.coolculture.org

Volunteer Form

Name: _____
 First Middle Initial Last

Address: _____
 Street City State Zip

Home Phone: (____) _____ - _____ Alternate Phone: (____) _____ - _____ Business or Cell

E-mail: _____ Date of Birth: ____/____/19____ Sex: Female Male

.....
Why are you interested in volunteering at Cool Culture? _____

Would you be interested in volunteering for Cool Culture in the future? Yes No
If so, when are you available to volunteer? How often do you wish to volunteer? Check all that apply:

Weekday	Weekend	Preferred Time
		Morning
		Afternoon
		Evening

Short-Term	
Long-Term	
Special Events	
One-Time	

Start Date: _____ End Date: _____

.....
Current (or Most Recent) Employment

Employer: _____ From: _____ To: _____

Occupation: _____ Location: _____

Supervisor's Name: _____ Phone: (____) _____ - _____

.....
Education Background

(Please feel free to attach a resume.)

School Name: _____ Location: _____

No. of Years Completed: _____ Major: _____

.....
Can you speak, read and write in any other languages besides English? (If not, skip to the next question.) Yes No

What language(s) do you speak? (Check all that apply)

- Arabic Bengali Chinese (Cantonese) Chinese (Mandarin) Creole Farsi
- French German Hebrew Hindi/Urdu Spanish Russian Yiddish
- Other: _____

.....
What type of work you are most interested in? (Check all that apply)

- Development & Fundraising General Office Support Graphic Design Museum Trips
- Public Relations & Marketing Research Special Events Web Design/Maintenance
- Other: _____

.....
Professional Reference: _____ Relationship: _____

Name: _____

Phone: (____) _____ - _____

E-mail: _____