



# Aban Institute and Associates, Inc.

Discover. Engage. Educate. Participate in Life Changing Activities.

## VOLUNTEER APPLICATION

We appreciate your interest in volunteering with Aban. Please complete the following information and supporting documentation return to us via fax 866-611-7660 or mail: Aban Institute and Associates, Inc., P.O. Box 20754, Washington, DC 20020. Programs working with children will require a criminal background check. Please download the forms from our website at [www.abaninstitute.org](http://www.abaninstitute.org). Unfortunately, we are unable to reimburse you for the cost of the documentation process.

**SECTION A.** Attach a copy of your most recent resume/CV

\_\_\_\_\_  
(First Name and Middle Initial)

\_\_\_\_\_  
(Last Name)

\_\_\_\_\_  
(Date of Birth - MM/DD/YYYY)

\_\_\_\_\_  
(Mailing Address1)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Address 2 - Complete if you lived in current address for two years or less)

\_\_\_\_\_  
(City, State, Zip Code)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Fax)

\_\_\_\_\_  
(E-mail)

What areas are you interested in volunteering?  
\_\_\_Programs \_\_\_Administrative \_\_\_Research/Writing  
\_\_\_Fundraising \_\_\_Marketing \_\_\_Other: \_\_\_\_\_

How did you hear about Aban? \_\_\_Friend \_\_\_Newspaper  
\_\_\_Internet \_\_\_Community \_\_\_Other: \_\_\_\_\_

**SECTION B.**

Are you currently employed? \_\_\_ Yes \_\_\_ No  
May we contact your supervisor to verify your employment? \_\_\_Yes \_\_\_No

Employer: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

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

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

**SECTION C.**

Please give two references (one personal and one professional).

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

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

Email: \_\_\_\_\_

How long you've known them? \_\_\_\_\_

\_\_\_Professional \_\_\_Personal

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

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

Email: \_\_\_\_\_

How long you've known them? \_\_\_\_\_

\_\_\_Professional \_\_\_Personal

**SECTION D.**

Have you been arrested and/or convicted of a felony?  
\_\_\_Yes \_\_\_No

What type? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

Have you been arrested and/or convicted of child abuse, neglect, endangerment, molestation, or any act against a child(ren)? \_\_\_Yes \_\_\_No

What type? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_