Migrant Advocacy and Support
Volunteer Application

To complete this application:

☐ **Please fill out the following information (all 3 pages) and submit this form to:**

Migrant Advocacy and Support (MAS)
A Project of the Center for Transformation Action
Mary Jo Dudley, Director
Send via email to: migrantadvocacy1@gmail.com

☐ **Please send the two last pages (pages 4-5) to three recommenders and ask them to return the completed form to migrantadvocacy1@gmail.com with your name in the subject line.** (MAS will not contact recommenders directly. It is the responsibility of the applicant to ensure that their application is complete.)

If you have any questions, call (607) 342-0634 or email to migrantadvocacy1@gmail.com.

Contact Information

Name (First and Last): _____
Phones: home _____ cell _____
Email: _____
Home Address (Street, City, State, Zip Code) _____
_____

Interests and Availability

Please check off any areas of interest:

___***Giving rides to migrants and family members, or other volunteers.*** Requires use of your personal vehicle and proof of insurance. **I am willing to drive within _____ miles of Ithaca, NY.** (Note that Immigration Court is located 160 miles away in Buffalo, NY).

___***Offering tutoring in English as a Second Language.*** Requires a time commitment of a minimum of 1 hour per session (and required training and confidentiality forms)

___***Providing interpretation and /or translation services as needed***

___***Setting up/cleaning after local events***

___***Organizing seasonal food/clothing/toy drives***

___***Delivering food/clothing/furniture to families in need***

___***Designing bilingual informational materials and other graphics***

___***Other:*** _____

Spanish Language Ability (which best reflects your conversational capacity in Spanish)**:**

__*None* 0% **__*Basic*** <50% **__*Intermediate*** 60% **__*Conversational*** 80%
__*Fluent* 95-100% **__ *Native Speaker***

Do you have your own transportation? Volunteers generally travel to farms within 1-2 hours
__ *Yes* **__ *No***

Do you have access to a truck or large vehicle to transport furniture and other large items?
__ *Yes* **__ *No***

Approximately how many hours each week are you able to volunteer? _____ *hrs.*

**Please note: Depending on your skills and interests, volunteer needs may ebb and flow throughout the year.*

You are a __ Community Volunteer or __ Student (School: _____)

Are there weeks or months during the year when you know that you *will not* be available?
Please list by month.

_____
_____

Please indicate time periods for which you *could be available* during the week. This is not a commitment to these times, but it gives us an idea of when you're available.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

3: SHORT ANSWER QUESTIONS

How did you hear about MAS (Migrant Advocacy and Support)? What inspires you to volunteer with us?

_____
_____
_____
_____

Have you worked with immigrants in the past? If so, please describe the nature of this work.

_____
_____
_____
_____

Do you have additional skills or strengths that you hope to contribute to MAS projects?

_____
_____
_____
_____

Do you have any concerns (physical, moral, legal, ideological, etc.) regarding our work?

_____
_____
_____
_____

4: REFERENCES

Please provide contact information for three personal and professional references who can speak to your general character as well as your motivations and qualifications for volunteering with CFP.

Recommender' s Name (& Position, if applicable)	**Relationship to Applicant/Years Known**	**Phone #**	**Email Address**
_____ _____	_____ _____	(____)-_____	_____
_____ _____	_____ _____	(____)-_____	_____
_____ _____	_____ _____	(____)-_____	_____

Please fill out your name at the top of the following form (next page) and send it out to your references, to be returned by email with your name in the subject line to migrantadvocacy1@gmail.com.We'll process your application once their responses are received. Thank you!

VOLUNTEER RECOMMENDATION FORM

Applicant's Name:

Recommender's Name:
Phone: Email:
Relationship to Applicant:
How long have you known the applicant?
Please rate the applicant based on the following qualities:

	Please use the following spaces to comment on your ratings and give concrete examples
Leadership/Ability to Work in a Team (works successfully with others; able to identify personal strengths and weaknesses, share responsibilities, able to guide or motivate others when necessary) ☐ Exemplary ☐ Above Average ☐ Needs Development ☐ No Basis for Judgment	
Cultural Sensitivity (able to respect confidentiality rules, understands and relates to others from different ethnic, cultural, linguistic, economic and educational; behaves appropriately in new and/or varied social settings) ☐ Exemplary ☐ Above Average ☐ Needs Development ☐ No Basis for Judgment	
Self-Direction (able to follow through on a task with somewhat limited supervision; identifies and seeks out necessary resources to complete a task) ☐ Exemplary ☐ Above Average ☐ Needs Development ☐ No Basis for Judgment	

Integrity/Maturity (is honest and ethical; assumes responsibility for mistakes; acts in a respectful, mature manner toward supervisors, co-workers, and/or fellow students)

- ☐ Exemplary
- ☐ Above Average
- ☐ Needs Development
- ☐ No Basis for Judgment

Critical Thinking (successfully analyzes complex ideas or situations; generates relevant "next steps" to problems)

- ☐ Exemplary
- ☐ Above Average
- ☐ Needs Development
- ☐ No Basis for Judgment

Overall

- ☐ Exemplary
- ☐ Above Average
- ☐ Needs Development
- ☐ No Basis for Judgment

Please use the following space for any further comments regarding this applicant (max 2000 characters):

Please send completed recommendation to Mary Jo Dudley at migrantadvocacy1@gmail.com