



Dear Prospective Volunteer,

Thank you for your interest in volunteer opportunities at the International Institute of St. Louis. Since 1919 the International Institute has helped immigrants and their families become productive Americans, and championed ethnic diversity as a cultural and economic strength.

Enclosed you will find the Volunteer Application Packet. Once you have reviewed our volunteer job descriptions (located on our website at www.iistl.org) and found something that fits your availability and interests, please complete the application and return to the volunteer coordinator.

The application packet includes a **reference letter form** and a **background check form**. Please give the reference form to an adult, non-relative relation for completion. A minimum of one reference letter is required. The reference letter should be mailed from the referring party directly to the volunteer coordinator. You must submit the background check form and a **\$5.00* processing fee** along with your application. *Only those 18 years of age and older need to complete the background check.* The background and reference checks help the Institute ensure the quality of its volunteers and the well-being of its clients.

The application process is selective and **may take two to five weeks to complete**. The International Institute strives to make its volunteer experiences as rewarding as possible and we appreciate your patience and understanding as we try to find the best fit for our volunteers.

After your application is reviewed and it is determined we have a possible position for you, you will be contacted for an interview. After the interview, if you are selected to be a volunteer, you will have to attend a Volunteer Orientation. These sessions are held twice per month. You will sign up for these sessions after your interview and acceptance.

If you have any questions about the application process or about our volunteer opportunities, please do not hesitate to contact me at (314)773-9090 ext. 169 or ratchforde@iistl.org. I look forward to meeting you!

Sincerely,

A handwritten signature in cursive script, appearing to read "Emily Ratchford".

Emily Ratchford
Volunteer & Community Relations Specialist

Visit us on the web at www.iistl.org!

** Volunteer applicants with an Illinois driver's license will need to submit a \$15 background check processing fee due to higher motor vehicle check fees charged by the state.*



VOLUNTEER APPLICATION

Emily Ratchford
3654 South Grand Blvd.
St. Louis, Missouri 63118
ratchforde@iistl.org
phone (314) 773-9090 ext. 169
fax (314) 773-6047

Please type or print legibly.

Name: _____ E-mail: _____

Present Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Phone (cell, home, business): _____ Phone (cell, home, business) _____

Occupation: _____ Employer _____

Professional Affiliations & Memberships: _____

School currently attending: _____

If degreed or currently studying, in what field of study are you?

What skills, interests, and experience would you bring as a volunteer?

What are your goals/motivations for volunteering at the Institute?

What other languages do you speak/read/write? Proficiency? _____

On what basis would you prefer to volunteer? ☐ a regularly scheduled basis ☐ a short-term basis ☐ as needed

Over what period of time do you plan to volunteer? _____ through _____
Date Date

How many hours per week would you like to volunteer? _____

Emergency Contact Name: _____ Relationship _____

Phone Number _____ Address _____

Which days and times are you available to volunteer? **Please check the online job descriptions to ensure your availability matches the schedule of the position for which you are applying.** (Operating hours are Monday – Thursday 9am to 8:30pm, Fridays 9am-6pm and Saturdays from 9am to 3pm.)

Monday _____ am/pm to _____ am/pm
Tuesday _____ am/pm to _____ am/pm
Wednesday _____ am/pm to _____ am/pm
Thursday _____ am/pm to _____ am/pm
Friday _____ am/pm to _____ am/pm
Saturday _____ am/pm to _____ am/pm

I am interested in the following
volunteer jobs (see website for details):

1. _____
2. _____
3. _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain _____

Please have at least one adult reference, who is not related to you, complete the attached recommendation form. Please also submit the attached background screen form along with the \$5 processing fee (\$15 for applicants with an Illinois driver's license). You will not be interviewed until the volunteer coordinator receives your letter and your background check is complete.

I also authorize the International Institute to contact my references for verification purposes and in turn authorize the references to release information to and communicate freely with the International Institute regarding my volunteer application.

I hereby attest that the above information is true to the best of my knowledge.

Applicant's signature _____ Date _____

If applicant is under 18 years old: I agree to allow my child/ward to volunteer at the International Institute and to perform duties as assigned.

Parent/Guardian signature _____ Date _____

Applicants are considered for all positions without regard to age, race, sex, national origin, religion, sexual orientation, marital status, or disability.

For questions regarding the application process or other volunteer inquiries please contact:
Volunteer & Community Relations Specialist
Emily Ratchford
314-773-9090 x169
ratchforde@iistl.org

For Staff use

Application Receive Date: _____

Ref Letter ☐ Back. Check ☐

Contact for Interview Date: _____

Remarks: _____

International Institute of St. Louis

Attn: Emily Ratchford
3654 S. Grand Blvd.
St. Louis, MO 63118
314.773.9090 ext. 169
ratchforde@iistl.org

**Not required for applicants
under age 18.**

BACKGROUND INVESTIGATION CONSENT

I, _____, hereby authorize ***The International Institute of Metro St. Louis*** and/or its agents to make an independent investigation of my criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for volunteering now and, if applicable, during the tenure of my volunteer commitment with the International Institute.

I release the ***International Institute of St. Louis*** and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Full Name (Printed): _____

Maiden Name or Other Names Used: _____

Present address: _____

City: _____ State: _____ Zip: _____ How long? _____

Former Address: _____

City: _____ State: _____ Zip: _____ How long? _____

*Date of Birth **Social Security Number Driver's License Number State of License

Signature

Date

The above information is required for identification purposes only, and is in no manner used as qualifications for employment. **The International Institute of St. Louis is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age (40 and over), Handicap or National Origin.*

***Please contact Emily Ratchford if you do not have a social security number or if you do not possess a driver's license. If you are under the age of 18, you do not need to complete this form or contact Ms. Ratchford.*

Please return with the **\$5.00 processing fee** payable by check, cash or money order. Volunteer applicants with an Illinois driver's license will need to submit a \$15 background check processing fee due to higher motor vehicle check fees in that state. Make checks payable to International Institute. **NO REFUNDS WILL BE ISSUED ON PROCESSING FEES.**

REFERENCE LETTER FORM (bottom to be completed & returned by referring party)

Volunteer Applicant's Name _____

Dear _____:

I wish to become a volunteer at the International Institute of St. Louis and would appreciate your completing this reference form on my behalf. Since 1919, the International Institute has been strengthening the St. Louis community by helping immigrants and their families become secure and successful Americans and by promoting the value of ethnic diversity in the social, cultural and economic life of the region.

The International Institute utilizes only the highest quality volunteers and would like your honest estimate of my suitability for a position in their organization. I hereby waive my right to see this reference form.

Thank you very much for your assistance and prompt response.

Volunteer Applicant's Signature

Date

Please answer the following questions.

1. In what capacity do you know this candidate? How long have you known him/her?

2. What are three of this candidate's greatest strengths?

3. Please rate those categories below that pertain to your knowledge of this candidate:

	POOR	AVG	GOOD	EXC
Patience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility/Loyalty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance/manners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intercultural Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept/give supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance by peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to function in a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to function one-on-one	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapport with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list below your personal opinion of this candidate's abilities and character. Since our staff is responsible for our clients, it is our goal to hire only the highest caliber volunteers. We therefore appreciate your candor.

.....
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.....

Referring Party's Signature _____ Title _____ Telephone _____

Return this form to Emily Ratchford, Volunteer & Community Relations Specialist, within one week of receipt.

3654 S. Grand Blvd., St. Louis, MO 63118 Fax: (314)773-6047 Email: ratchforde@iistl.org