Volunteer Application



The Ohio Hispanic Coalition (OHCO) is culturally and linguistically-responsive, nonprofit agency established in 1990 and based in Columbus, OH. OHCO's mission is to improve the well-being and quality of life of all Latinos through advocacy, education, training and access to quality services.

| Please check all that apply: ☐ At least 18 years old | | |
|---|---|------------------------|
| • If 18 years or older, yo | ou must complete a BCI background check | • |
| | please attach parent permission letter with | volunteer application |
| ☐ Volunteering for high school ☐ Volunteering as part of an e | mployer community service program | |
| in volunteering as part of an e | improyer community service program | |
| Full Name: | | |
| Phone Number: | | |
| Street Address: | | |
| | | |
| E-Mail Address: | | |
| Have you volunteered befor | e? □ Yes □ No | |
| If yes, please provide the fo | | |
| Name of Organization | Address and/or Phone Number | Type of Volunteer Work |
| | | |
| | | |
| Employment History: | | |
| Please start with the most c | urrent emplover | |
| Name of Employer | Address and/or Phone Number | Name of Supervisor |
| | | |
| | | |
| Please list two personal refe | rences: | |
| Name | Address and/or Phone Number | How do you know them? |
| | | |
| | | |

| What type of s | ervice would y | ou prefer? | | | | | | | | | | | | | | |
|--|----------------|------------|-------------------|-----------------|-----------------|------------|--|--|--|--|--|--|--|--|--|--|
| ☐ Community Outreach (must be able to fluently speak Spanish) | | | | | | | | | | | | | | | | |
| ☐ Marketing: Photography & Content Creation | | | | | | | | | | | | | | | | |
| ☐ Technology: Social Media & Website Management | | | | | | | | | | | | | | | | |
| ☐ General Office Administration | | | | | | | | | | | | | | | | |
| □ Interpretation & Translation Services program: administration and scheduling □ Afterchool Program or Summer Enrichment Camp: tutoring, mentor, presentations, etc. □ Soy Latina Victim Services Program: outreach, group facilitation, presentations, etc. | | | | | | | | | | | | | | | | |
| | | | | | | | | | ☐ Special Events (Dia de los Reyes Magos/ Padrino Recognition Awards Celebration): event | | | | | | | |
| | | | | | | | | | coordination and logistics | | | | | | | |
| ☐ Other (group facilitation, presentations, etc.), please specify: | | | | | | | | | | | | | | | | |
| Please fill in the Sun. | Mon. | Tue. | wed. | Thur. | Fri. | Sat. | | | | | | | | | | |
| Other languages spoken: | | | | | | | | | | | | | | | | |
| □ Spanish □ None Other: | | | | | | | | | | | | | | | | |
| | any other spec | | e, skills, or tal | ents you can of | ffer to the Ohi | o Hispanic | | | | | | | | | | |
| Signature of Volunteer: Date: | | | | | | | | | | | | | | | | |

Please attach resume and parent permission letter (if applicable) with volunteer application submission.