



## Volunteer Registration Form

This application is required to volunteer with Hmong Education Archives & Library (HEAL). Please turn in this completed Volunteer Registration Form to HEAL at 343 Michigan Street, Saint Paul, MN 55102, or email this form to [hmongarchives.org@gmail.com](mailto:hmongarchives.org@gmail.com)

(Please type or print legibly)

**NAME:**

\_\_\_\_\_

First

Last

**ADDRESS:**

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

\_\_\_\_\_

Phone Numbers

Email Address

**ACADEMIC:**

\_\_\_\_\_

School/College's Name

Major Program

Student Classification: ( ) Undergraduate ( ) Graduate ( ) Doctoral ( ) Other \_\_\_\_\_

**EDUCATION BACKGROUND:**

\_\_\_\_\_

High School

Major

Degree

\_\_\_\_\_

College

Major

Degree

\_\_\_\_\_

College

Major

Degree

**WORK EXPERIENCES:**

\_\_\_\_\_

Company/Institution

Type of Work

Dates of Employment

\_\_\_\_\_

Company/Institution

Type of Work

Dates of Employment

\_\_\_\_\_

Company/Institution

Type of Work

Dates of Employment

\_\_\_\_\_

Company/Institution

Type of Work

Dates of Employment

**LANGUAGES (speak, read & write):** ( ) English ( ) Hmong ( ) Chinese ( ) Lao ( ) Thai  
 ( ) French ( ) Other: \_\_\_\_\_

**SPECIAL INTERESTS:** ( ) Art ( ) Books ( ) Clothing ( ) Fiction ( ) Movies  
 ( ) Music ( ) Objects ( ) Paj Ntaub ( ) Posters ( ) Data  
 ( ) Hmong Language ( ) Other: \_\_\_\_\_

**SPECIAL SKILLS:** ( ) Computer ( ) Design ( ) Sewing ( ) Translating ( ) Writing  
 ( ) Picture Framing ( ) Other: \_\_\_\_\_

**VOLUNTEER AVAILABILITY:**

Volunteer Sessions: ( ) FALL \_\_\_\_\_ ( ) SPRING \_\_\_\_\_ ( ) SUMMER \_\_\_\_\_ Hours Per Week \_\_\_\_\_

Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
( ) Morning From: _____ To: _____	( ) Morning From: _____ To: _____	( ) Morning From: _____ To: _____	( ) Morning From: _____ To: _____	( ) Morning From: _____ To: _____	( ) Morning From: _____ To: _____
( ) Afternoon From: _____ To: _____	( ) Afternoon From: _____ To: _____	( ) Afternoon From: _____ To: _____	( ) Afternoon From: _____ To: _____	( ) Afternoon From: _____ To: _____	( ) Afternoon From: _____ To: _____
( ) Evening From: _____ To: _____	( ) Evening From: _____ To: _____	( ) Evening From: _____ To: _____	( ) Evening From: _____ To: _____	( ) Evening From: _____ To: _____	( ) Evening From: _____ To: _____

By signing below you agree that all information you have provided in this application are true to the best of your knowledge.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>Submit completed form to:</b>           Hmong Education Archives &amp; Library          343 Michigan Street          Saint Paul, MN 55102          Email to: <a href="mailto:hmongarchives.org@gmail.com">hmongarchives.org@gmail.com</a></p>	<p><b>For Hmong Education Archives &amp; Library Use Only:</b>           Received Date: _____           _____  <i>(Approved by HEAL)</i></p>
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