



Office Volunteer Application

Please return to:

Office Volunteer Coordinator
Doctors Without Borders
333 Seventh Ave., 2nd Floor NY, NY 10001-5004
Tel.: 212-679-6800 Fax: 212-679-7016

Personal Information

Date: _____

Name: _____
Address: _____
Home phone: _____
Cell phone: _____
E-mail address: _____

Availability

****during normal business hours**

Number of hours per week of availability _____
Please specify days and preferred hours _____
Expected length of availability (weeks, months, unknown) _____
Are you currently seeking employment elsewhere? _____
Date available to begin with us: _____

Education (higher education if applicable)

Institution: _____
Area of concentration: _____

Relevant work and volunteer history *attach CV if available*

Employment: _____

Volunteer experience: _____

(Use back of this form if you need more room)

Job skills

please check as many as apply

Computer programs:

| | | | |
|-------------|-------|----------------|-------------------|
| Word | Excel | Database entry | Internet research |
| email | Quark | Photoshop | Web design |
| other _____ | | | |

General Office support:

| | | | |
|--------------------------------|-----------------------|---------------|---------------------|
| Filing | Getting out a mailing | Transcription | Reception/telephone |
| Translation (specify language) | | | |