



C&E Volunteer Contact Form

ConnectandElevate.org

The information on this application is confidential and will only be seen by the team leaders.

PLEASE PRINT

Legal Name _____ Status: ☐ Student* ☐ Professional _____

Nickname _____ Address _____

Email address _____

Telephone (home) _____ (mobile) _____ (work) _____

Place of birth _____ DOB _____ Mother's maiden name _____

If STUDENT**, please provide the following:

Name of guardian(s) _____ Mobile phone _____

Email address: _____

*Students will receive a certificate with the proper number of volunteered hours to be submitted to your school's guidance counselor and credited as community service.

**Application without the above information will not be consider. Parental consent is a MUST and will be contacted!!!

ARE YOU ABLE TO TRAVEL WITH THE TEAM TO HAITI? ☐ Yes ☐ No

T-shirt size: Sm__ Med__ Lg__ XL__ XXL__

Emergency contact:

Name _____ Relationship _____

Telephone (home) _____ (mobile) _____ (work) _____

Area(s) of Interest:

- | | | | |
|---|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Arts | <input type="checkbox"/> Engineering | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Motivation | <input type="checkbox"/> Cybersecurity | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Math & Science | <input type="checkbox"/> Film | <input type="checkbox"/> Leadership | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Music | <input type="checkbox"/> Medical | <input type="checkbox"/> _____ |

Can you teach? ☐ Yes ☐ No If yes, what topic(s)? _____

Can you assist with fundraising? ☐ Yes ☐ No

Team Building:

Are you willing to participate in team building, meetings and training during Connect and Elevate events? ☐ Yes ☐ No

References: Please provide two references: name, telephone and email.

1. _____
 2. _____
-

| | | |
|--------------------------|-----------------------|------|
| Applicant's Printed Name | Applicant's Signature | Date |
|--------------------------|-----------------------|------|

| | | |
|-----------------------|--------------------|------|
| Parent's Printed Name | Parent's Signature | Date |
|-----------------------|--------------------|------|

Connect and Elevate Contact in the US:

- Pascale Delaunay: 909-749-8263 (US)

*Kindly provide the above number to your family members.

Dear Applicant,

We look forward to receiving your application and hearing from you. If you have any questions/concerns, please feel free to contact any of our members in the US above mentioned. Also, visit our website at

www.connectandelevate.org.

Email Form to: connect2elevate@gmail.com

<https://www.facebook.com/ConnectandElevate/>

Thank you for your interest in Connect and Elevate.