



Application for Volunteer Services

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Date: ____/____/____

Name Last First Middle Nickname

Address City Zip

E-mail Phone Birthdate Check if under 18 yrs

Current Employment (If Applicable)

Company Phone

Address

May we contact you at work if necessary? Yes No

Prior Experience

Volunteer

Business

College Information

College Attending College Major

Are you willing to work a complete semester/quarter? Yes No

Are you doing volunteer work as an education requirement? Yes No

If yes, how many hours are required?

Volunteer Information

Preferred Location and Job: (please check all that apply)

- Checkboxes for VacaValley Hospital, Gift Shop, Clerical/Admin, Emergency Dept., NorthBay Medical Center, Floor Volunteer, Alzheimer's Services, Other, Thrift Store, Desk, Special Events

Table with 8 columns: Availability, Mon., Tues., Wed., Thurs., Fri., Sat., Sun. and rows for Time - am and Time - pm.

Please fax both pages of completed application to: (707) 646-4213 or mail to: NorthBay Healthcare, 1200 B. Gale Wilson Blvd., Fairfield, CA, 94533, Attn: Guild Director

Thank you for submitting your application to volunteer with the NorthBay Guild!

