

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone/Cell Phone	
E-Mail Address	

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Desired Location:

- Dixon Fairfield Benicia
 Vacaville Suisun Vallejo
 Winters Rio Vista

Interests

Tell us in which areas you are interested in volunteering

- Patient Care: Companionship, Respite, errands, scrapbooking/memory box
 Bereavement: Phone call or visit, mailings, flyer distribution, assisting facilitators for groups
 Office Assistance: Clerical Work, data entry, filing, bagging supplies, making packets
 Fundraising: Flyers, Food and Wine Jubilee, Tree of Memories Ceremony
 "Dream of a Lifetime" Program
 Other

Do you know a language other than English Yes No

Language _____ Speak _____ Read _____ Write _____

Special Skills or Qualifications/Previous Volunteer Experience

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Personal References

Please provide Personal Reference

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Please call: 707-646-3517 for questions or information