

# Volunteer Services New Volunteer Application



Application Date: \_\_\_\_\_

Adult       Student 14-18 yrs.

3300 Renner Drive  
Fortuna, California 95540  
707-725-3361 ext. 4505

Last Name _____	First Name _____	MI _____
Address _____		Home Phone _____
City _____	State _____	Zip _____
Social Security Number _____		DOB _____ Month/Day

### Education and Work Experience

Current Employer _____	Circle Last Grade Completed _____
Work Phone _____	High School 9 10 11 12 Graduation Date _____
Position Responsibilities _____	College 1 2 3 4 Graduation Date _____
_____	College Major _____

Skills/Preferences	Volunteer Service Preference	Availability																																
Helping Visitors <input type="checkbox"/>	Adults <input type="checkbox"/>	Please check the boxes for the days and times you are most often available to volunteer. <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr> <td></td> <td>S</td> <td>M</td> <td>T</td> <td>W</td> <td>T</td> <td>F</td> <td>S</td> </tr> <tr> <td>AM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>After 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> Are you required to Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No How did you hear about our Volunteer Program? _____ _____		S	M	T	W	T	F	S	AM								PM								After 4							
	S		M	T	W	T	F	S																										
AM																																		
PM																																		
After 4																																		
Helping Patients <input type="checkbox"/>	Children <input type="checkbox"/>																																	
Mailings/Special Projects <input type="checkbox"/>	Visitors/Families <input type="checkbox"/>																																	
Typing/Filing <input type="checkbox"/>	Patients <input type="checkbox"/>																																	
Errands/Delivery <input type="checkbox"/>	Other Volunteers <input type="checkbox"/>																																	
Answering Phone <input type="checkbox"/>	Individually <input type="checkbox"/>																																	
Sewing/Crafts <input type="checkbox"/>	Office <input type="checkbox"/>																																	
Computer <input type="checkbox"/>	Numbers/Data <input type="checkbox"/>																																	
		Signature _____ Date _____																																

Please advise us if any accommodation is needed to participate in the application process.

Note: Please include one reference letter with your application.

Do you have any physical condition or medical problem which may limit your ability to perform the service of a volunteer?

Yes       No

If "Yes," please explain:

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