## **Volunteer Application**

| Name of PersonAddress                           | City  | , CA Zip   |
|---|---|--|
| Day#  | City<br>Evening#_   | , CA ZIP   |
| How did hear about us?                          |   | Email  |
|   |   | ege? Do you need Credits?  |
| Do you need to do com                           | munity services? How me                                     | any hours can you donate per week?   |
| What time of day? Mo                            | ornings Evenings  | Nights   |
| What Days MC                                    |   |  |
| Hours Avail:                                    | 장은 그리고 있는데 일반 점점 하상 하는데 하는데 가루를 걸려 보고 있다.                   | H FRI SAT SUN  |
|   |   |  |
|   |   |  |
|   |   |  |
| Please che                                      | ck the box(es) of the area(s) y                             | ou would like to volunteer   |
| □ Admin (Calendar)                              | □ Employment Specialist                                     |  |
| ☐ Attend Comm. Meetings☐ Career Closet/Clothing | ☐ Flyer Circulation (Mission/GIG)                           |  |
| □ CFC (Presentations)                           | □ Fundraising Specialist                                    | □ Public Relations Person  |
| □ Clerical                                      | ☐ Grant Writing   | □ Special Events   |
| □ Stocking/Packing                              | ☐ Graphics & Design   | ☐ Transportation   |
| (Groceries, etc.)                               | <ul><li>☐ Handyman Services</li><li>☐ Home Leader</li></ul> | □ Tutors   |
| □ Computer Training                             | ☐ Housing Lead Specialist                                   | □ Video/Taping person  |
| □ Daytime Drop-Ins Help                         | □ Office Make Outbound                                      | □ Volunteer Recruiter  |
| □ Distribution of Groceries                     | (Calls for Donor Support)                                   | □ Youth Leaders (Enrichment)   |
| □ Housing Manager                               | □ Intake Specialist   | Other  |
| □ Donations                                     | □ Planning/Organizing                                       | Other  |
| (Pick-up/Drop-Off)                              | _ ramming Organizing  | Other  |
| (Due to the nature of our or                    | canization company land                                     |  |
| (2 the to the nature of our org                 | ganization some volunteer positions                         | may require more detailed information on you,  |
| Comments  |   | NAME TO THE STATE OF THE PARTY OF THE PART |
|   |   |  |
|   |   |  |
| Mary Self Self Self Self Self Self Self Self    |   |  |
| •   |   |  |
| Signature of Volunteer                          |   |  |
| Signature of Staff                              |   |  |
| Signature of Staff                              |   |  |
|   |   |  |
| Date  |   |  |