Title:       First Name:       Last Name:

Email Address:

Home Address:       City:       State:    Zip Code:

Phone Number:       Home  Mobile  Other

Phone Number:       Home  Mobile  Other

Date of Birth:       Driver’s License/State ID #:

Foreign language ability in       Basic  Conversational  Fluent

Education/Training Background:       Special Skills?

Employment Status: Retired  Full-time  Part-time  Unemployed  Other

Current Employer:       Would your employer be interested in supporting HART? Yes  No

Employment History:

Are you a member of any social organizations, i.e. church, club, community organizations? Yes  No

If Yes, please list the organizations you are part of:

Have you volunteered with any organization in the past? Who, when and duties:

Do you currently volunteer with any other organization? Yes  No  If Yes, which:

What are your hobbies or interests?

What skills or knowledge do you want to use in volunteering?

Do you have any limitations or special needs we should be aware of?

Where do you prefer to work when volunteering for HART of Folsom? (check all areas of interest)

Directly with the people served

Behind the scenes

Computer/Office work

Web Design/maintenance

Social Media

Promotion/Marketing

Fundraising

Service - Type of service you can provide?

Bike or Auto repair

Teaching - Type of teaching you can provide?

Employment assistance

Special projects or event

How long can you commit to volunteering for HART of Folsom?

One time event  Occasionally/seasonally  6 months or less  6 months or more  Long Term

How many hours you could dedicate to volunteering for HART of Folsom?       weekly/monthly/yearly

What are the time slots you would be available to volunteer for HART of Folsom? (check all that apply)

Daytime  Evenings  Weekends

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Volunteer positions may require a criminal history check and live-scan fingerprinting. Convictions will not necessarily disqualify you from participating. Have you ever been convicted of a felony offense or are you required to register as a sex or drug offender? Yes  No

Explain:

Please provide two references and an emergency contact.

First Name:       Last Name:

Email Address:

Phone Number:       Home  Mobile  Other

First Name:       Last Name:

Email Address:

Phone Number:       Home  Mobile  Other

**EMERGENCY CONTACT:**

First Name:       Last Name:

Email Address:

Phone Number:       Home  Mobile  Other

I declare that the information I have provided is true. All my actions as a volunteer will reflect the mission and positive direction for HART of Folsom.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FOR OFFICE USE ONLY:

Follow up by:       Approved: Yes  No  Date:

Comments: