



County
 Butte Shasta Tehama
 Glenn Siskiyou Trinity

Volunteer Application - Level I

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Availability

Times Available: Morning Afternoon Evening All

Date available to start: _____ Days available: M T W Th F Sat Sun

Preferred Program/Location: _____

General Information

Current/previous volunteer experience: _____

Have you ever been convicted of a felony? Yes No *If yes, please complete the following.*

Nature of conviction: _____ Date of conviction: _____

Referred to Agency by: _____

Personal References

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Skills/Interests

I have experience that I would like to share with NVCSS in the following areas:

- | | | |
|---|---|---|
| <input type="checkbox"/> Food delivery/prep. | <input type="checkbox"/> Receptionist | <input type="checkbox"/> Art and/or design, decor |
| <input type="checkbox"/> Graphic design | <input type="checkbox"/> Sewing/mending | <input type="checkbox"/> Bulk mail |
| <input type="checkbox"/> Personal hygiene trainer | <input type="checkbox"/> Hospitality/greeter | <input type="checkbox"/> Cashier/clerk (handling money) |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Data entry/word processing | <input type="checkbox"/> Mentor |
| <input type="checkbox"/> Delivery/errands | <input type="checkbox"/> Event functions | <input type="checkbox"/> Translator: _____ |
| <input type="checkbox"/> Other: _____ | | |

Emergency Contact

Name: _____ Phone Number: _____ Relationship: _____

Family Doctor: _____ Phone Number: _____ Hospital Preference: _____

Please read carefully before signing this form.

I certify that the information contained in this NVCSS volunteer application form is true and correct. I understand that if I volunteer for NVCSS, any deletion or misrepresentation of the information as stated or implied on this application may be sufficient cause for my dismissal as a volunteer. I am aware that I may be required to successfully complete a background check. I agree to observe all rules, regulations, and policies of NVCSS.

Signature: _____ Date: _____

If minor, name of parent/guardian _____ Signature: _____