

County:  Glenn  Butte  Shasta  
 Siskiyou  Tehama  Trinity

## VOLUNTEER APPLICATION—LEVEL 1

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

Name \_\_\_\_\_  
 (Last) (First) (Middle)  
 Address \_\_\_\_\_  
 (Number) (Street) (City) (State) (Zip Code)  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 E-mail \_\_\_\_\_

### 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

Names

Phone

\_\_\_\_\_  
 \_\_\_\_\_

### Skills-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, Décor       |
| <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 \_\_\_\_\_ Relationship \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_ 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 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: \_\_\_\_\_