



volunteer application

Please fill out the information below and MAIL TO:
 Volunteer Coordinator • 2900 Standiford Ave. • Suite 16B PMB 295 • Modesto, CA 95356

Contact Information

Name _____ Birthdate _____ Gender M F

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Race (optional) _____ *(Many agencies that help to fund Relief Inc. require us to report diversity statistics. Please assist us in compiling this data for future grants and funding.)*

Have you ever been convicted of any violations of the law? Y N

Do you have a valid driver's license? Y N

In case of emergency, please contact:

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Employment/Education *(please fill in the one that applies to you)*

Current employer _____

Occupation _____ Job title _____

Employer address _____

Phone _____ Email _____

Does your employer offer a time off program or matching donation program? Y N

Current school _____

Class year _____ Field of study _____

School address _____

Phone _____ Email _____

Availability

Times (example: 10:00 am – 12:00 pm)

General Preferences (check all that apply)

SUN	
MON	
TUE	
WED	
THU	
FRI	
SAT	

<input type="radio"/> Evenings
<input type="radio"/> Days
<input type="radio"/> Mornings
<input type="radio"/> Weekends
<input type="radio"/> Holidays



Skills and Training

Check all that apply to you:

- | | | |
|---|---|--|
| <input type="checkbox"/> Customer service skills | <input type="checkbox"/> Strong communication skills | <input type="checkbox"/> Computer skills |
| <input type="checkbox"/> Attention to detail | <input type="checkbox"/> Enjoy fast-paced environment | <input type="checkbox"/> Enjoy working with kids |
| <input type="checkbox"/> Other (please specify) _____ | | |

Special Needs

Is there anything medically we should be aware of in order to ensure your safety? _____

Please list other forms of assistance you might need in order to volunteer. (Examples: transportation, wheelchair access, etc.)

Reasons for Volunteering

Please share your reason for seeking volunteer opportunities with Relief Inc.? _____

How did you hear about volunteer opportunities at Relief Inc.? _____

Would you need confirmation of hours for a school or work program? Y N

Would your volunteer hours need to be shared with a third party (i.e. community service, school counselor, HR)? Y N

If yes, to whom: Name: _____ Phone: _____

Email: _____

Volunteering Specifics

Are you currently a Relief Inc. member? Y N

Have you ever volunteered for Relief Inc. before? Y N If yes, when? _____

Do you own any of the following vehicles that you'd be willing to use while volunteering? van pick-up truck car

Check all areas that interest you:

- | | | |
|--|---|--|
| <input type="checkbox"/> Computer work (data entry, word processing) | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Fairs and festivals (booth attendant) | <input type="checkbox"/> Office support (filing, reception) | <input type="checkbox"/> Networking |
| <input type="checkbox"/> Assistance in field projects | <input type="checkbox"/> Committee/Board positions | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> ReliefBackers (advocacy and legislative issues) | <input type="checkbox"/> Special events | <input type="checkbox"/> Grant Writing |

Signature

Signature _____ Today's date _____