

COMMUNITY PARTNERS IN CARING

VOLUNTEER APPLICATION

Last Name: _____ First Name: _____

Address: _____ Birth Date: ___/___/___ Sex: M / F

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____

SSNO: _____ - _____ - _____ e-mail: _____

(optional) Religion: _____ Congregation: _____

Employer: _____ or Past Occupation: _____

Previous Volunteer Experience: _____

How did you become interested? _____

Other Information About Yourself (education, interests, hobbies, skills): _____

Personal Transportation? Y / N Will Drive? Y / N Approx. # Of Miles Willing To Drive: _____

Drivers License No.: _____ State: _____ Expiration Date: ___/___/___

Vehicle Insurance Company: _____

Vehicle Insurance Policy No.: _____ Expiration Date: ___/___/___

Any Physical Limitations? (Y / N) Describe: _____

In case of emergency notify: Name: _____ Phone: (_____) _____

Volunteer Assignment Choices (Please check as many as you are willing to accept):

- Transportation Visiting Reassurance Calls Light Housekeeping
 Shopping & Errands Minor Home Repairs Paperwork Assistance Yard Work
 Administration Fundraising Committee Other _____

I Can Volunteer (Please check all that are applicable):

| TIME | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-----------|--------|---------|-----------|----------|--------|----------|--------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |
| Evening | | | | | | | |
| All Day | | | | | | | |

I am a smoker: Y / N I am willing to visit a smoker: Y / N I am allergic to pets: Y / N

| | | |
|-------------------------------|------------------------|---------------------------|
| Date: ___/___/___ | Office Use Only | VID#: _____ |
| Pre-Training Interview: _____ | | Volunteer List: _____ |
| Welcome Letter: _____ | | Training Completed: _____ |

Last Name: _____ First Name: _____

References (Please list two - personal or professional):

Name: _____ Phone: (____) _____

Address: _____

Relationship: _____

Name: _____ Phone: (____) _____

Address: _____

Relationship: _____

Any Additional Comments: _____

I certify the information that is provided on this application is true, correct, and complete to the best of my knowledge.

I hereby give my consent for CPC to contact my references, to contact my employers, past and present, and to conduct a routine background check.

Signature of applicant: _____ Date: ___/___/___

Signature of staff: _____ Date: ___/___/___

COMMUNITY PARTNERS IN CARING

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