



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: (____) _____

SSN: _____-_____-_____ 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

111 North Vine Street, Santa Maria, CA 93454 Phone (805) 925-8000 Fax (805) 925-8170
111 South I Street, Suite C-1, Lompoc, CA 93436 Phone (805) 737-1976 Fax (805) 737-5617
164 West Highway 246, PO Box 1946, Buellton, CA 93427 Phone (805) 688-1100 Fax (805) 693-9792

www.partnersincaring.org

A copy of this application can be downloaded from our website