

Volunteer Services New Volunteer Application



Redwood Memorial • St. Joseph

2700 Dolbeer Street, Eureka, CA 95501

3300 Renner Drive, Fortuna, CA 95540

707-445-8121 ext. 7530

Application Date: _____

Last Name: _____ First Name: _____ MI: _____
 Other Names Used: _____
 Address: _____ City, State, Zip: _____
 Home Phone: _____ Date of Birth (month/day): _____
 Cell Phone & E-mail: _____

Education and Work Experience

Current Employer _____ Circle Last Grade Completed _____
 Work Phone _____ High School 9 10 11 12 Graduation Date _____
 Position Responsibilities _____ College 1 2 3 4 Graduation Date _____
 _____ College Major _____

Skills/Preferences	Volunteer Service Preference	Availability																																
Helping Visitors <input type="checkbox"/>	Adults <input type="checkbox"/>	Please check the boxes for the days and times you are most often available to volunteer. <table border="1"> <thead> <tr> <th></th> <th>S</th> <th>M</th> <th>T</th> <th>W</th> <th>T</th> <th>F</th> <th>S</th> </tr> </thead> <tbody> <tr> <td>AM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PM</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>After 4</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> Are you required to Volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No How did you hear about our Volunteer Program? _____ Signature _____ Date _____		S	M	T	W	T	F	S	AM								PM								After 4							
	S		M	T	W	T	F	S																										
AM																																		
PM																																		
After 4																																		
Helping Patients <input type="checkbox"/>	Visitors/Families <input type="checkbox"/>																																	
Mailings/Special Projects <input type="checkbox"/>	Patients <input type="checkbox"/>																																	
Typing/Filing <input type="checkbox"/>	Other Volunteers <input type="checkbox"/>																																	
Errands/Delivery <input type="checkbox"/>	Individually <input type="checkbox"/>																																	
Answering Phone <input type="checkbox"/>	Office <input type="checkbox"/>																																	
Sewing/Crafts <input type="checkbox"/>	Numbers/Data <input type="checkbox"/>																																	
Computer <input type="checkbox"/>																																		

Please advise us if any accommodation is needed to participate in the application process.

Note: Please include one reference letter with your application.

Do you have any physical condition or medical problem which may limit your ability to perform the service of a volunteer?

Yes No

If "Yes," please explain:

Have you ever been convicted of a crime? Yes No

In Case of Emergency, Please Notify

Name: _____ Phone Number: _____

Relationship: _____

Signature: _____ **Date:** _____