

# Volunteer Services

## New Volunteer Application



400 N McDowell Blvd., Petaluma, CA 94954  
 1375 University Ave, Healdsburg, CA 95448  
 707-525-5300 ext. 3379

### Contact Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Date of Birth (month/day/year): \_\_\_\_\_

### In Case of Emergency, Please Notify

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

### Education, Volunteer, and Work Experience

Current School/Employer \_\_\_\_\_  
 Highest level of Education \_\_\_\_\_  
 Volunteer Experience \_\_\_\_\_  
 How did you hear about our Volunteer Program? \_\_\_\_\_

Do you have any condition(s) which may limit your ability to perform certain functions of a volunteer?

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

Have you ever been convicted of a crime? Yes No

### **AVAILABILITY**

Please check the boxes for the days and times you are most often available to volunteer.

	S	M	T	W	T	F	S
AM							
PM							
After 4							

Signature: \_\_\_\_\_

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

Return completed application to [sonomavolunteers@providence.org](mailto:sonomavolunteers@providence.org)