

Yolo Crisis Nursery, FamiliesFirst, Inc
VOLUNTEER APPLICATION

Personal Information:

Name: _____ Date of Birth: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Can you be contacted at work? *(please circle)* Yes No

Place of Employment: _____

Occupation: _____

Ethnicity: *(optional)* _____

Highest Level of Education: High School: _____ College: _____

Major Area of Study: _____

Advanced Degree: _____ Major Area of Study: _____

Professional Training: _____

Special Training: _____

Are you fluent in a language, other than English? *(circle)* No Yes If yes, which language(s)? _____

Interests or Hobbies: _____

Emergency Contact:

Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please select all areas in which you are interested in volunteering your time:

_____ Direct Care _____ Sorting/ Organizing Donations

_____ Nursery Special Projects/Events _____ Friends of the Nursery (Fundraising/Outreach)

Do you have previous volunteer experience? (circle) Yes No

If yes, please list dates, organizations and job responsibilities: (attach additional information if necessary).

What special skills and experience do you bring as a volunteer?

What is your availability to volunteer?

Days: _____ Hours: _____ Length of time: _____

.....*Please read the following*.....

Time Commitment:

Direct Care volunteers are expected to commit to volunteering for a minimum of 6 months for four hours per week, or for a year for 2 hours per week. If you cannot make that commitment, it is more appropriate to do some indirect service time such as volunteering to sort donations, work on special projects or help with outreach.

References

(personal or business- please include address and phone number)

1. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

2. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

3. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

I hereby certify that the above statements are true and give my permission for any necessary verification.

Signature of Applicant

Date

Please return this application to:

Heather Sleuter, Supervisor
Yolo Crisis Nursery – FamiliesFirst
1701 Balsam Place
Davis, CA 95618
Questions: 530-758-6680
