

Volunteer Application

RSONAL INFORMATION	Date:_	
SS:		
Street	city	postal code
one: Home:	Cell:	
:	Fax:	
ency Contact: /Number):		
TERESTS AND AVAILABILITY		
se check any of the following that ar	e of interest to you:	
Hiking/Walking Special Events Crafts Writing/Editing		
Teaching Working with Children Office work		
Wildlife Computers		
	Street Street One: Home: : ency Contact: /Number): TERESTS AND AVAILABILITY se check any of the following that ar Hiking/Walking Special Events Crafts Writing/Editing Teaching Working with Children Office work	Street city one: Home: Cell: : Fax: ency Contact: /Number): CERESTS AND AVAILABILITY se check any of the following that are of interest to you: Hiking/Walking Special Events Crafts Writing/Editing Teaching Working with Children Office work

2	D1		41 4:		arrailable.
э.	Please	maicate	me umes	you are	available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM						
PM						

4. How much time do you have to volunteer: per week	per month
C. EXPERIENCE / SKILLS / EDUCATION	
1. Previous or current volunteer experience:	
2. Any special certificates/educational degrees:	
3. Memberships/ interest groups:	
4. Any additional information about yourself:	
D. VOLUNTARY INFORMATION	
Insurance:	
(Doctor's Name/Number):	
Special Needs:	

Languages Spoken:	
Date of Last CPR Certification:	Not Sure
	I need to be (re)certified
Date of Last First Aid Certification:	Not Sure
	I need to be (re)certified
E. MOTIVATION / GOALS	
1. How did you hear about voluntee	ring for the Habitat Authority?
2. Why do you want to volunteer for	r the Habitat Authority?
3. What do you hope to get from vol	lunteering for the Habitat Authority?
*Signed	Date
Participant	

Please email this application to Thernandez@HabitatAuthority.org or fax to (562) 945-0303

^{*} May be signed in person during Orientation.