



City of Sacramento
 Ethel Hart Senior Center
 915 - 27th Street, Sacramento, CA 95816
 (916) 808-5462 Fax (916) 264-8253

Volunteer Interest Form

Name: _____ Today's Date: _____

Address: _____

City / State / Zip: _____

Home Phone: _____ Work / Cell Phone: _____

Best time to call: _____

E-mail: _____ Birth Date: _____

Why do you want to volunteer? _____

What do you want to accomplish as a volunteer? _____

Employment and Professional Experience: _____

Education: _____

Are you fluent in another language? _____

Volunteer Activities: _____

Do you have any health limitations or restrictions? _____

Are you a current City of Sacramento employee? Yes _____ No _____

Checklist for Skills and Interests

Please indicate with a check mark the interests and/or skills you would be willing to share as a volunteer at the Ethel Hart Senior Center.

- | | | | |
|--|---|--|--|
| <u>Fund Raising</u>
<input type="checkbox"/> Grant Writing
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Planned Giving
<input type="checkbox"/> Donation program
<input type="checkbox"/> Other _____ | <u>Communication Skills</u>
<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Writing
<input type="checkbox"/> Email Marketing
<input type="checkbox"/> Marketing
<input type="checkbox"/> Fundraising
<input type="checkbox"/> Computer
<input type="checkbox"/> Foreign Language
<input type="checkbox"/> Listening
<input type="checkbox"/> Other _____ | <u>Clerical Skills</u>
<input type="checkbox"/> Typing
<input type="checkbox"/> Filing
<input type="checkbox"/> Computer
<input type="checkbox"/> Phone
<input type="checkbox"/> Mailings
<input type="checkbox"/> Data Entry
<input type="checkbox"/> Record Keeping
<input type="checkbox"/> Other _____ | <u>Personal Skills to Share</u>
<input type="checkbox"/> Visual Arts
<input type="checkbox"/> Crafts
<input type="checkbox"/> Gardening
<input type="checkbox"/> Cooking
<input type="checkbox"/> Fitness
<input type="checkbox"/> Nutrition
<input type="checkbox"/> Music
<input type="checkbox"/> Other _____ |
| <u>Technical Skills</u>
<input type="checkbox"/> Power Point
<input type="checkbox"/> Photography
<input type="checkbox"/> Graphic Arts
<input type="checkbox"/> Web development
(update our website)
<input type="checkbox"/> Other _____ | | | |



Have you ever been convicted of a crime? _____

You may omit: a) Traffic violations (Driving Under the Influence convictions must be reported); b) Any conviction committed prior to your 18th birthday which was finally adjudicated in Juvenile Court or under a youth offender law; c) Any incident sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45; d) Any marijuana conviction, more than two (2) years old, described in Labor Code section 432.8. If yes, please explain and give disposition:

Please note that a background investigation and fingerprinting will be required before placement in any sensitive volunteer position. In some placements, TB testing is required.

I authorize investigation of all statements contained in this application and any supporting documents and I understand that a background check may be conducted. I authorize the City of Sacramento and its non-profit partners to secure information from the references I have provided, and release all parties from any liability arising from such investigation.

Signature of applicant: _____ **Date:** _____

Days available: M ____ T ____ W ____ Th ____ F ____ Sat ____ Sun ____

Times available: Mornings ____ Afternoons ____ Evenings ____

Length of Assignment Desired: 3 months ____ 6 months ____ 6-12 months ____

Over a Year ____ On-call ____ Special Projects ____

References: Please list the names of three individuals we may contact as a reference. Do not list relatives.

Personal Reference

Name: _____ Title _____ Telephone: _____

Volunteer Reference

Name: _____ Title _____ Telephone: _____

Professional Reference

Name: _____ Title _____ Telephone: _____