



VOLUNTEER APPLICATION

Thank you for your interest in volunteering with North Marin Community Services!

Please submit your completed application to:

680 Wilson Avenue, Novato, CA 94947

For more information call:

(415) 892-1643 or visit www.northmarincs.org

NAME _____

M F OVER AGE 18? YES NO IF "NO", BIRTHDATE: _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE (____) _____ - _____ CELL PHONE (____) _____ - _____ EMAIL _____

IN CASE OF EMERGENCY, CALL _____ RELATIONSHIP _____

VOLUNTEER POSITION(S) FOR WHICH YOU ARE APPLYING (please check ✓):

- | | |
|--|---|
| <input type="checkbox"/> Homework Assistant for Youth Enrichment Programs
<input type="checkbox"/> Child Care/Education Program (tutor, art or music instructor, aide, peer counselor, etc.)
<input type="checkbox"/> Sports Coach/Referee
<input type="checkbox"/> Counseling Intern/Trainee
<input type="checkbox"/> Kitchen Assistant (Food Handler card) | <input type="checkbox"/> Docent/Tour Guide
<input type="checkbox"/> Facility Improvement Project
<input type="checkbox"/> Fundraising Event or Marketing & Outreach
<input type="checkbox"/> Administrative, Financial or Reception
<input type="checkbox"/> Other, please state: _____ |
|--|---|

HOW DID YOU LEARN ABOUT NORTH MARIN COMMUNITY SERVICES?

- Friend/Family/Colleague Work/School Newspaper/Flyer Other _____

USING THE BOX BELOW, PLEASE INDICATE THE DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER (please indicate hours and give specific timeframe, if possible):

	MON	TUES	WED	THURS	FRI	SAT	SUN	
Mornings								Start Date: _____
Afternoons								End Date: _____
Evenings								Hrs/Wk: _____

WHAT BEST DESCRIBES YOUR CURRENT SITUATION:

- Student, School: _____
 Employed, Company: _____
 Retired or Semi-Retired
 Other Explain: _____

SKILLS & INTERESTS:

- Language(s) Spoken: _____
 Special Skill(s): _____
 Hobbies: _____
 What Age Group(s) Would You Like To Work With?

Other Affiliations: _____

LIST ANY OTHER VOLUNTEER OR RELEVANT WORK EXPERIENCE:

HEALTH INFORMATION: By signing this application, I self-certify that I am in good health and physically and mentally capable of performing assigned tasks while volunteering. Results of a TB test performed not more than one year prior or seven days after initial presence in the building is required. Unless noted below, I have no limitations that would prevent me from performing assigned tasks. If you have limitations, please note:
