VOLUNTEER APPLICATION FORM

Del Oro Caregiver Resource Center - Volunteer Services 8421 Auburn Blvd., Suite 265, Citrus Heights, CA 95610

	DATE		
NAME	EMAIL		
		WORK PHONE	
ADDRESS			
DATE OF BIRTH/(Fo	or Office use only) ETHNICITY (option	al)	
OCCUPATION/PLACE OF EMPLOY	YMENT		
PREVIOUS WORK EXPERIENCE_			
SPECIAL SKILLS/HOBBIES			
COMMUNITY AFFILIATION (churc			
PREVIOUS VOLUNTEER EXPERIE	NCE		
ARE YOU BILINGUAL? (If yes, wha	at language)		
PHYSICAL LIMITATIONS/HEALTI	H CONCERNS INCLUDING ALLI	ERGIES	
HAVE YOU EVER BEEN CONVICT		NO If yes, please	
explain:			
VOUNTEER OPPORTUNITIES THA	AT INTERESTED ME:		
Office Volunteer	Fundraiser Ass	Fundraiser Assistance	
Speakers Bureau	Board of Direct	Board of Directors	
Advocacy / Public Policy	Other (please explain)		
LOCATION PREFERRED (check all	areas you are willing to serve):		
Alpine CountyAmador C	ountyCalaveras County	_Colusa County	
El Dorado CountyNevada	a CountyPlacer County	_Sacramento County	
San Joaquin CountySierra Cour	ntyYolo	CountyYuba County	
Please list time available:			
Days	Evenings Weeken	ds	

Name	Relationship
	Evening Phone
Physician	Phone
REFERENCES:	
Please list TWO names	f persons not related to you whom you have known at least one year and
include phone numbers	nd addresses.
1. Name	Phone
Address	
2. Name	Phone
Address	
	ERMISSION TO USE YOUR NAME OR PICTURE IN NEWSLETTE A RELEASES?YESNO
PLEASE TELL US WF	Y YOU WANT TO BE A VOLUNTEER:

THANK YOU FOR COMPLETING THIS APPLICATION TO BECOME A VOLUNTEER Mail to: Del Oro Caregiver Resource Center, 8421 Auburn Blvd., Suite 265, Citrus Heights, CA 95610

 $(916)\ 728\text{-}9333 \quad (800)\ 635\text{-}0220$

Fax (916) 728-9313