

VOLUNTEER APPLICATION FORM

PLEASE RETURN COMPLETED FORM TO
Catarina Lai, Fund Development Department
Email: catarinal@selfhelpelderly.org
Mail to: 731 Sansome Street, Suite 100, San Francisco, CA 94111



**Self-Help for
the Elderly**
安老自助處

CONTACT INFORMATION

Suffix	<i>(Choose One)</i> Mr. Mrs. Ms.		
Name	<i>(First)</i>	<i>(Last)</i>	
Address			
City		State	Zip
Phone No.	<i>(Choose One: Home / Work / Mobile)</i>		
Email			

EDUCATION / WORK / VOLUNTEER EXPERIENCE

Employer / School	
Job Title / Area of Study	
Organization you have volunteered before	1. _____ 2. _____ 3. _____
Your Skills	1. _____ 2. _____ 3. _____

AVAILABILITY & VOLUNTEER ASSIGNMENT PREFERENCE

Please check all that are applicable.

I am available: Mornings (Mon – Fri) Afternoons (Mon – Fri) Evenings (Mon – Fri)
 Weekends Once a week More than once a week
 One time only As Needed Others _____

I would like to volunteer in the below area:

Clerical Support: mailing, filing & etc. Data Entry
 Program Support: host/play games & activity Food Service
 Special Events: _____ Front Desk

PERSON TO NOTIFY IN CASE OF EMERGENCY			
Name	(First)	(Last)	
Address			
City		State	Zip
Phone No.	(Choose One: Home / Work / Mobile)		
Relationship			

OTHERS	
Have you ever been convicted of a crime other than a traffic violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what charge? _____	
Date convicted: _____	Where: _____
Do you have any physical condition that may limit your activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe: _____	
I learned about Self-Help for the Elderly from:	
<input type="checkbox"/> Website	<input type="checkbox"/> Media (radio, TV, newspaper)
<input type="checkbox"/> Employer	<input type="checkbox"/> School
<input type="checkbox"/> Internet / Social Media	<input type="checkbox"/> Agency referral: _____
	<input type="checkbox"/> Presentation / Brochures
	<input type="checkbox"/> Friends or family
	<input type="checkbox"/> Others: _____
What do you hope to achieve from volunteering?	
<input type="checkbox"/> Fulfill community service requirements	<input type="checkbox"/> Help others / the community
<input type="checkbox"/> Stay active	<input type="checkbox"/> Meet new friends
<input type="checkbox"/> Develop new skills	<input type="checkbox"/> Business contacts
<input type="checkbox"/> Learn about seniors and their needs	<input type="checkbox"/> Others: _____

Applicant's Statement

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied.

Further, I understand that, if selected for a volunteer position, my volunteer assignment will be at will, which means that this relationship is strictly voluntary and my relationship with Self-Help for the Elderly (SHE) may be ended by myself or SHE with or without cause or notice, at any time. I also understand and agree that I am not being offered employment with SHE; any form of compensation; or the promise of any future employment with SHE as a result of completing this volunteer application form or serving as volunteer with SHE.

 Volunteer Signature Parent or Guardian Signature Date
 (if under 18 years old)