

VOLUNTEER APPLICATION FORM

PLEASE RETURN COMPLETED FORM TO

Catarina Lai, Fund Development Department

Email: catarinal@selfhelpelderly.org

or 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> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
Name	<i>(First)</i>		<i>(Last)</i>
Address			
City		State	Zip
Mobile Number			
Email			
Languages Spoken:			

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:	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends
	<input type="checkbox"/> Mornings (Mon – Fri)	<input type="checkbox"/> Afternoons (Mon – Fri) <input type="checkbox"/> Evenings (Mon – Fri)
	<input type="checkbox"/> one time only	<input type="checkbox"/> as needed <input type="checkbox"/> Others _____

Thank you for your interest in volunteering at Self-Help for the Elderly!

I would like to volunteer in the below area:

Weekdays	<input type="checkbox"/> Community Centers: food service	<input type="checkbox"/> Home Health & Hospice Programs
8:30 AM – 5:00 PM	<input type="checkbox"/> Program Support: field trips, host games & activities	<input type="checkbox"/> Technology: Tech support for seniors
	<input type="checkbox"/> Fund Development (special events' coordination)	Others:
Weekends	<input type="checkbox"/> Fund Development / Special Events (weekends)	<input type="checkbox"/> Community events and fairs
	<input type="checkbox"/> Community Centers: food service	<input type="checkbox"/> Home Health & Hospice Programs
Service Location: <input type="checkbox"/> San Francisco <input type="checkbox"/> San Mateo <input type="checkbox"/> Millbrae <input type="checkbox"/> Sunnyvale		

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name	(First)	(Last)
Address		
City	State	Zip
Mobile Number		
Relationship		

OTHERS

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, what charge? _____

Date convicted: _____ Where: _____

Do you have any physical condition that may limit your activities? Yes No

If yes, please describe: _____

I learn about Self-Help for the Elderly from:

<input type="checkbox"/> Website	<input type="checkbox"/> Media (radio, TV, newspaper)	<input type="checkbox"/> Presentation / Brochures
<input type="checkbox"/> Employer	<input type="checkbox"/> School	<input type="checkbox"/> Friends or family
<input type="checkbox"/> Internet / Social Media	<input type="checkbox"/> Agency referral: _____	<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: _____

Thank you for your interest in volunteering at Self-Help for the Elderly!

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 nay 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
(if under 18 years old)

Date

Thank you for your interest in volunteering at Self-Help for the Elderly!