

H.E.L.P.

Volunteer Registration Form

Name	Miss Mr. Mrs. Ms.		
Address			
City, Zip Code			
Phone Number	()		
Date of Birth	/ /	E-Mail Address	
Emergency Contact	Name: Relationship: Address: Phone Number: ()		
Do you have any physical limitations that require special accommodation or attention? If yes, please describe:		<input type="radio"/> Yes <input type="radio"/> No	
Have you ever been convicted of a crime? If yes, please describe:		<input type="radio"/> Yes <input type="radio"/> No	
Do you speak or understand other languages? If yes, please list out other languages:		<input type="radio"/> Yes <input type="radio"/> No	
Current Employment			
Employer:			
Job Title:			
Description of duties:			

Prior Work Experience			
Employer:			
Job Title:			
Description of duties:			
Volunteer Experience			
Employer:			
Job Title:			
Description of duties:			
Work/Volunteering Reference	Name: His/Her Job Position:	Organization: Telephone:	
Education			
School Name	Year Attended	Major	Education Level
Auto Insurance: I understand that if I use my personal automobile in my volunteer service for H.E.L.P. and wish to be covered by H.E.L.P.'s excess automobile liability coverage, I must arrange to keep in effect automobile liability insurance not less than required by California law.			Initial Here:
Signature		Date	

H.E.L.P. Use	Regist. Received	SAGE Entered	Interview
Dates			
	Start Volunteering	End Volunteering	
Dates			

Availability Chart (Mark hours you expect to be available — for example “9 to 12”)							
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							

Your Interests and/or Skills (check each that applies to you)		
<input type="checkbox"/> advocacy <input type="checkbox"/> accounting <input type="checkbox"/> art <input type="checkbox"/> attend classes of others <input type="checkbox"/> banking <input type="checkbox"/> board and care <input type="checkbox"/> chamber of commerce <input type="checkbox"/> communications <input type="checkbox"/> community outreach <input type="checkbox"/> computer technology <input type="checkbox"/> consumer protection <input type="checkbox"/> creating class materials <input type="checkbox"/> data entry <input type="checkbox"/> database management <input type="checkbox"/> distributing information <input type="checkbox"/> education <input type="checkbox"/> filing <input type="checkbox"/> financial matters <input type="checkbox"/> fundraising <input type="checkbox"/> government <input type="checkbox"/> grants - corporations	<input type="checkbox"/> grants - foundations <input type="checkbox"/> grants - cities, county <input type="checkbox"/> grants - civic groups <input type="checkbox"/> graphics <input type="checkbox"/> handwriting / addressing <input type="checkbox"/> health care <input type="checkbox"/> home care <input type="checkbox"/> hospice <input type="checkbox"/> insurance matters <input type="checkbox"/> Internet web page <input type="checkbox"/> investments <input type="checkbox"/> legal matters <input type="checkbox"/> library <input type="checkbox"/> mailing <input type="checkbox"/> mental health <input type="checkbox"/> newsletter production <input type="checkbox"/> nursing homes <input type="checkbox"/> packaging class materials <input type="checkbox"/> public speaking <input type="checkbox"/> publicity <input type="checkbox"/> real estate	<input type="checkbox"/> receptionist / greeter <input type="checkbox"/> represent at health fairs <input type="checkbox"/> research <input type="checkbox"/> retirement planning <input type="checkbox"/> social events <input type="checkbox"/> solving problems <input type="checkbox"/> special events <input type="checkbox"/> statistics <input type="checkbox"/> taxes <input type="checkbox"/> telephone info & referral <input type="checkbox"/> train others <input type="checkbox"/> typing <input type="checkbox"/> work individually <input type="checkbox"/> work in groups <input type="checkbox"/> work with city officials <input type="checkbox"/> writing / editing <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Subject	Added Discussion