



City of Sacramento  
 Ethel Hart Senior Center  
 915 - 27th Street, Sacramento, CA 95816  
 (916) 808-5462 Fax (916) 264-8253

## Volunteer Interest Form

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City / State / Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work / Cell Phone: \_\_\_\_\_  
 Best time to call: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Why do you want to volunteer? \_\_\_\_\_  
 \_\_\_\_\_

What do you want to accomplish as a volunteer? \_\_\_\_\_  
 \_\_\_\_\_

Employment and Professional Experience: \_\_\_\_\_  
 \_\_\_\_\_

Education: \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Volunteer Activities: \_\_\_\_\_  
 \_\_\_\_\_

Do you have any health limitations or restrictions? \_\_\_\_\_  
 \_\_\_\_\_

Are you a current City of Sacramento employee? Yes \_\_\_\_\_ No \_\_\_\_\_

Checklist for Skills and Interests

Please indicate with a check mark the interests and/or skills you would be willing to share as a volunteer at the Ethel Hart Senior Center.

- |  |   |  |  |
|--|---|--|--|
| <u>Fund Raising</u><br><input type="checkbox"/> Grant Writing<br><input type="checkbox"/> Fundraising<br><input type="checkbox"/> Planned Giving<br><input type="checkbox"/> Donation program<br><input type="checkbox"/> Other _____                        | <u>Communication Skills</u><br><input type="checkbox"/> Public Speaking<br><input type="checkbox"/> Writing<br><input type="checkbox"/> Email Marketing<br><input type="checkbox"/> Marketing<br><input type="checkbox"/> Fundraising<br><input type="checkbox"/> Computer<br><input type="checkbox"/> Foreign Language<br><input type="checkbox"/> Listening<br><input type="checkbox"/> Other _____ | <u>Clerical Skills</u><br><input type="checkbox"/> Typing<br><input type="checkbox"/> Filing<br><input type="checkbox"/> Computer<br><input type="checkbox"/> Phone<br><input type="checkbox"/> Mailings<br><input type="checkbox"/> Data Entry<br><input type="checkbox"/> Record Keeping<br><input type="checkbox"/> Other _____ | <u>Personal Skills to Share</u><br><input type="checkbox"/> Visual Arts<br><input type="checkbox"/> Crafts<br><input type="checkbox"/> Gardening<br><input type="checkbox"/> Cooking<br><input type="checkbox"/> Fitness<br><input type="checkbox"/> Nutrition<br><input type="checkbox"/> Music<br><input type="checkbox"/> Other _____ |
| <u>Technical Skills</u><br><input type="checkbox"/> Power Point<br><input type="checkbox"/> Photography<br><input type="checkbox"/> Graphic Arts<br><input type="checkbox"/> Web development<br>(update our website)<br><input type="checkbox"/> Other _____ |   |  |  |



Have you ever been convicted of a crime? \_\_\_\_\_

You may omit: a) Traffic violations (Driving Under the Influence convictions must be reported); b) Any conviction committed prior to your 18th birthday which was finally adjudicated in Juvenile Court or under a youth offender law; c) Any incident sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45; d) Any marijuana conviction, more than two (2) years old, described in Labor Code section 432.8. If yes, please explain and give disposition:

\_\_\_\_\_

Please note that a background investigation and fingerprinting will be required before placement in any sensitive volunteer position. In some placements, TB testing is required.

I authorize investigation of all statements contained in this application and any supporting documents and I understand that a background check may be conducted. I authorize the City of Sacramento and its non-profit partners to secure information from the references I have provided, and release all parties from any liability arising from such investigation.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Days available:** M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_ Sat \_\_\_ Sun \_\_\_

**Times available:** Mornings \_\_\_ Afternoons \_\_\_ Evenings \_\_\_

**Length of Assignment Desired:** 3 months \_\_\_ 6 months \_\_\_ 6-12 months \_\_\_

Over a Year \_\_\_ On-call \_\_\_ Special Projects \_\_\_

References: Please list the names of three individuals we may contact as a reference. Do not list relatives.

**Personal Reference**

Name: \_\_\_\_\_ Title \_\_\_\_\_ Telephone: \_\_\_\_\_

**Volunteer Reference**

Name: \_\_\_\_\_ Title \_\_\_\_\_ Telephone: \_\_\_\_\_

**Professional Reference**

Name: \_\_\_\_\_ Title \_\_\_\_\_ Telephone: \_\_\_\_\_