

Volunteer Program Application

City of San Rafael

Contact Information:

First Name	Middle Initial	Last Name	
Address	2nd Address	City/State	Zip
Home Ph	Work Ph	Cell Ph	
Email Address			
Mailing list (to get occasional notices from the Volunteer Program) YES <input type="checkbox"/> NO <input type="checkbox"/>			

Skills Checklist
<i>Please check the item that applies to you</i>
<input type="checkbox"/> Arts Projects
<input type="checkbox"/> Carpentry
<input type="checkbox"/> Cleanup
<input type="checkbox"/> Clerical
<input type="checkbox"/> Computer programming
<input type="checkbox"/> Concierge/reception
<input type="checkbox"/> Database Management
<input type="checkbox"/> Engineering
<input type="checkbox"/> Event Planning
<input type="checkbox"/> Fundraising/Grant writing
<input type="checkbox"/> Gardening/Landscaping
<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Library services
<input type="checkbox"/> Marketing
<input type="checkbox"/> Photography
<input type="checkbox"/> Police work
<input type="checkbox"/> Planning
<input type="checkbox"/> Project Management
<input type="checkbox"/> Research
<input type="checkbox"/> Senior Programs
<input type="checkbox"/> Teaching/Tutoring

Interests Checklist
<i>Please check the item that applies to you</i>
<input type="checkbox"/> Arts Projects
<input type="checkbox"/> Carpentry
<input type="checkbox"/> Cleanup
<input type="checkbox"/> Clerical
<input type="checkbox"/> Computer programming
<input type="checkbox"/> Concierge/reception
<input type="checkbox"/> Database Management
<input type="checkbox"/> Engineering
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<input type="checkbox"/> Photography
<input type="checkbox"/> Police work
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<input type="checkbox"/> Research
<input type="checkbox"/> Senior Programs
<input type="checkbox"/> Teaching/Tutoring

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<input type="checkbox"/> Web Design
<input type="checkbox"/> Word Processing
<input type="checkbox"/> Writing/Editing
<input type="checkbox"/> Other Skills _____

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<input type="checkbox"/> Writing/Editing
<input type="checkbox"/> Other Skills _____

Languages _____
(Other Than English) _____

Current Emergency Certifications: CPR
DART/CERT OTHER: _____
First aid

Emergency Contact:
Name: _____ Phone: _____

Age, if under 18: _____

Are you willing to volunteer during a disaster?

How did you hear about us?

Current Employer or School	Highest Level of Education
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Previous Work Experience

Previous Volunteer Experience

Interest in a Particular Program or Department:

Type of Volunteer Position Desired:
 Short Term On-going Available on Call Start/end date: _____ to _____

Days Available to Work: _____

Community Service: Traffic Court Misdemeanor Other

Signature _____

Date _____

Return to: Cory Bytof, Volunteer Program Coordinator, 1313 Fifth Ave., San Rafael CA 94901 (415) 485-3407, Cory.bytof@cityofsanrafael.org