

VOLUNTEER APPLICATION

Please submit application via:
 Mail at 1111 Howe Ave, Suite 125, Sacramento 95825
 Fax: (916) 514-9402
 Email: volunteers@openingdoorsinc.org



Please Print

Last Name	First Name	Middle Name

Address (No. & Street) _____

City	State	Zip
() -	() -	() -

Business Phone	Home Phone	Cell Phone

Preferred to be contacted via: Phone Email Postal mail

_____ Email (Optional)

Please indicate your <u>availability</u> by checking appropriate boxes below							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When can you start? _____ How were you referred to us? _____

Have you ever worked or volunteered at Opening Doors? Yes No

If selected, would you have a reliable means of transportation? Yes No

Some of our clients do not speak English. Do you speak, write or understand any foreign languages?

Yes No

If "yes," which language(s)? _____

Are you interested in translating? Yes No

What type of volunteer activity are you interested in? (Please note some opportunities below may not be available by the time you complete the application process.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Airport Reception | <input type="checkbox"/> Apartment set up | <input type="checkbox"/> Transporting Refugees to appointments |
| <input type="checkbox"/> Donation coordination | <input type="checkbox"/> Furniture pick-up | <input type="checkbox"/> Event/Fundraising <input type="checkbox"/> Admin. Tasks |

Please list current and previous work experience			
Current Employer		Prior Employer	
Position		Position	
Dates		Dates	

School	City and State	No. of years completed	Did you Graduate?		Degree or Diploma
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
High School			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
College / University			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Vocational Training			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Special Training: Please list any special skills you think would be helpful to us in considering your application, such as additional work experience, volunteer work, activities, accomplishments, publications, etc.

Emergency Contact Information

Name	relationship	() - Phone #
Name	Relationship	() - Phone #

By signing below, I give my permission to check the references I have listed. I certify that the facts set forth in this application are true to the best of my knowledge. I understand that falsification, misrepresentation, or concealment of information on this application may be sufficient grounds for disqualification from further consideration for volunteering or immediate discharge and Opening Doors shall not be liable in any respect if my volunteership is so denied or terminated. Furthermore, I realize that volunteer assignments are made on the needs of Opening Doors in conjunction with my interests and skills. I further understand that my request to volunteer is made without expectation of any type of payment for services performed as a volunteer.

MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's Signature Date _____

Applicants under the age of 18 must have this application signed by their parent or guardian.

If under 18, parent's/Guardian's Signature: _____
Signature Date _____