



West Valley Community Services, Inc. Volunteer Application

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Hm phone: _____ Cell phone: _____ Wk phone: _____

Email: _____ Birthday: _____
(Month/Day)

Age Group 14-17* 18-25 25-54 55 +

**NOTE: Under age 18 must have signed Parental Consent / Liability Waiver. We do not accept Middle School Students on-site. For special projects ask the Volunteer Program Manager.*

How did you learn about WVCS? _____

Work Skills: _____

Languages Spoken: _____

Are these volunteer hours required? Yes No School/Program Name: _____ # of hrs _____

Do you have any physical limitations? If so, please describe _____

When can you start volunteering? _____ Ending date? _____

Type of Volunteer Work Desired: (check all that apply):

- Food Pantry Gleaner/Driver Special Projects & Events Marketing Outreach
- Front Desk Office Help Organic Garden Crew Other: _____
- Computer Lab Fundraising Food Drive Coordinator
- Faith In Action – Church Name _____

Time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning 8:00 - 12:00					
Afternoon 1:00 - 5:00					
Evening 5:00 - 8:00	Closed	Closed	Closed		Closed

I am interested in being a substitute volunteer: Yes No

Substitute volunteers “fill-in” for volunteers who cannot make their scheduled shift(s). This position is on call and subject to your availability, and may be done in addition to other volunteer shifts you have.

Complete back of this form



Emergency Information

In case of an emergency please notify:

Name: _____ Relationship: _____

Phone numbers where your emergency contact can be reached during your volunteer hours:

Phone 1: _____ Phone 2: _____

Volunteer Agreement

- **Volunteers must ensure the confidentiality of our clients and are not to disclose any information regarding clients and services they receive from West Valley Community Services to anyone outside of this organization.**
- **West Valley Community Services acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.**
- **Filling out this application does not guarantee a volunteer position.**

I (the undersigned) agree and understand all of the above information.

Signature

Date

Please help us in our fundraising efforts. Volunteer employment information is optional; however, grant providers may request this information as part of a grant request. The ability to provide such information may increase the likelihood of WVCS receiving such grants.

My employer is: _____

Photo Release

I agree to authorize WVCS to use photographed or videographed images of me in brochures, flyers, displays, website or other promotional purposes.

Signature

Drivers/Gleaners Additional Information

Complete ONLY if you will be driving for WVCS

Licensed California Driver? Yes ___ No ___

Driver's License #: _____

This section to be completed by WVCS representative:

Volunteer Job Assignment: _____

Day/Dates Assigned: _____
