

## Volunteer Application

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| Applicant Information | | | | | | | | | | | | | | | | | | |
| *PLEASE PRINT CLEARLY. All information provided by you will be treated with complete confidentiality.* | | | | | | | | | | | | | | | | | | |
| Full Name: | | | |  | | | | | | | | |  | | | | |  |
| Last | | | | | | | | | | | | | First | | | | | M.I. |
| Address: | |  | | | | | | | | | | | | | | | |  |
|  | | | Street Address | | | | | | | | | | | | | | | Apartment/Unit # |
|  | |  | | | | | | | | | | | | | |  | |  |
|  | | | City | | | | | | | | | | | | | State | | ZIP Code |
| Birth Date | | | | | / / | | | | | Email: | | | | |  | | | |
| Home Phone: | | | | | ( ) | | | | | Cell Phone: | | | | | ( ) | | | |
| Employer/Occupation | | | | | |  | | | | | | | | | | | | |
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| Education Information | | | | | | | | | | | | | | | | | | |
| Education Level | | | | | | | | | | | | | | | | | | |
|  | High School | | | | | | |  | College | | |  | | Master’s Program | | | | |
|  | Trade School | | | | | | |  | Some College | | |  | | Other | | | | |
| Gender | | | | | | | | | | | | | | | | | | |
|  | Female | | | | | | |  | Male | | | | | | | | | |
| How did you hear about this position? | | | | | | | | | | | | | | | | | | |
|  | Newspaper | | | | | | |  | Company Employee | | |  | | Professional Publication | | | | |
|  | Job Fair | | | | | | |  | Placement Office | | |  | | Web Site | | |  | |
|  | Other | | |  | | | |  |  | | |  | |  | | | | |
| Previous Volunteer Experience | | | | | | | | | | | | | | | | | | |
| Organization: | | | | | | | How Long? | | | | Duties: | | | | | | | |
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| Short Answer Questions |
| Please state the reason(s) you wish to volunteer and the skills and experience you would bring as a volunteer: |
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| What does making a volunteer commitment mean to you? |
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| Do you have any questions, concerns or comments about being a phone counselor? |
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| What days and times would work best for you? |
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| I understand that the policies, procedures and records of StarVista are strictly confidential, and that any information I receive about the Agency or its clients in the process of applying to become a volunteer, during training or in the course of my work as volunteer, may not be repeated or discussed (even AFTER I have completed my volunteer commitment) with anyone who is not associated with the Agency. I also understand that if I am accepted as a volunteer, I cannot communicate in any way or meet with clients outside of the Agency, without prior consent of the Volunteer Coordinator. | |
|  |  |
| Signature | Date |

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| --- | --- |
| Emergency Contact Information | |
| Full Name of Emergency Contact: | Relationship to you: |
|  |  |
| Home Phone: | Cellular Phone: |
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Please return completed application to: **Volunteer Coordinator**

**StarVista**

**610 Elm Street, Suite 212**

**San Carlos, CA 94070 -OR-**

**Please fax to: 650 342-6727**

Phone Numbers: Administrative/Main Office 650.591.9623

Crisis Center Business 650.579-0359

Revised January 2013