

## 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 |  |
|  |
| 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: |
|  |  |
|  |  |

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