



Volunteer Application

Thank you for your interest in the Hearing and Speech Center of Northern California. Please fill out the following information and include a resume. We hope to find a good fit for your time and skills.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Mobile Phone	
Work Phone	
E-Mail Address	

Availability

How many hours would you like to volunteer? _____ per week or _____ per month

Length of commitment: Less than one month Six months School year Other: _____

During which hours are you available for volunteer assignments (please specify hours)?

Weekday mornings: _____ Weekend mornings: _____

Weekday afternoons: _____ Weekend afternoons: _____

Weekday evenings: _____ Weekend evenings: _____

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|---|
| <input type="checkbox"/> Administration, filing, data entry | <input type="checkbox"/> Work with youth |
| <input type="checkbox"/> Events | <input type="checkbox"/> Work with adults |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Work with seniors |
| <input type="checkbox"/> Work with infants | <input type="checkbox"/> Volunteer coordination |
| <input type="checkbox"/> Work with young children | |

Experience or role you are seeking: _____

Educational background/training: _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Include computer skills, language skills, or experience working with hearing aids or assistive devices.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Mobile Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I give the Hearing and Speech Center of Northern California permission to authorize medical treatment for me. I understand that, If I work directly with Hearing and Speech clients, I will need to submit fingerprints to the Department of Justice.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national or ethnic origin, gender, gender identity, sexual orientation, age, or disability. Thank you for completing this application form and for your interest in volunteering with the Hearing and Speech Center