



710 MESA VIEW DRIVE
 ARROYO GRANDE, CA 93420
 (805) 202-8456
 info@sohip.org
 www.sohip.org

VOLUNTEER APPLICATION

Applicant Form: Print clearly and return the completed form to the SHIP office.

(Check One) Miss Ms. Mrs. Mr.		Today's Date:	
First Name:		Middle:	Last Name:
Home Street Address:			
City:		State:	Postal Zip Code:
Home Phone: ()		Date of Birth:	
Work Phone: ()		Fax: ()	
Cell Phone: ()		E-mail Address:	
Are you currently Employed? Yes No		Are you currently a Student? Yes No	
Employer:		Address:	
Describe Duties:			
Emergency Information:			
Name:		Relationship:	
Home Phone: ()		Work Phone: ()	
Name of Primary Physician:		Phone Number: ()	

Do you have any physical limitations that would impair your ability to perform certain tasks?
 If yes, explain:

Education: <i>(If you are currently a student please note your year/grade in school)</i>			
Name of High School:	<i>High School Graduate</i>	Yes	No
Name of College & Area of Study:	<i>College Graduate</i>	Yes	No
Name of Graduate School & Area of Study:	<i>Graduate School Graduate</i>	Yes	No
Specialized Education or Training (please list):			

Interests:

- | | | |
|---|---|--|
| <input type="checkbox"/> Newsletter Production | <input type="checkbox"/> Errands/Deliveries | <input type="checkbox"/> Cleaning Days |
| <input type="checkbox"/> Office Filing | <input type="checkbox"/> Presentations | <input type="checkbox"/> Office Organization |
| <input type="checkbox"/> Event Staff | <input type="checkbox"/> Marketing | <input type="checkbox"/> Website Design |
| <input type="checkbox"/> Computer Work (Microsoft Office) | <input type="checkbox"/> Moving & Packing | <input type="checkbox"/> Video Production |
| <input type="checkbox"/> In-Office Printing | <input type="checkbox"/> Heavy Labor | <input type="checkbox"/> Photoshop Design |
| <input type="checkbox"/> Craft Projects | <input type="checkbox"/> Accounting | <input type="checkbox"/> Photo Organization |

Special Skills or Qualifications:

Summarize special skills and qualification you have acquired from education, employment, previous volunteer work, or through other activities, including hobbies or sports.

Availability:

Indicate the day or days of the week you are available to volunteer as well as the schedule you would prefer. If you are flexible in the days of the week and starting time, please go ahead and place a check in any of the boxes based upon your availability. This information will help us to determine the possible position openings that may be of interest to you.

Please Check the Time(s) and Day(s) You Are Available to Volunteer							
Volunteer Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings (9 am–1pm)							
Afternoons (1pm–5pm)							
Evenings (after 5pm)							
Other Times							

Agreement and Signature:

APPLICANT’S STATEMENT
 I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate dismissal even if discovered at a later date.

 Signature of Applicant

 Date

Thank you for completing this application form and for your interest in volunteering with us.