



# Sacramento START

## Volunteer Application

Please check all that apply: Under 18 \_\_\_\_\_ Over 18 \_\_\_\_\_ Returning \_\_\_\_\_

*Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, gender, disability or sexual orientation.*

### Applicant Information

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthday \_\_\_\_\_ Age \_\_\_\_\_ Circle one: Male Female

Email \_\_\_\_\_

### Availability

Days (Circle)	Monday	Tuesday	Wednesday	Thursday	Friday
Time					

Requested START Site \_\_\_\_\_

### Skills

Current Occupation \_\_\_\_\_

Previous Related Experience Working with Children \_\_\_\_\_

Hobbies/Skills/Interests \_\_\_\_\_

Bilingual? Yes No If yes, what language? \_\_\_\_\_

### Area of Interest

START Pal \_\_\_\_\_ Enrichment Specialist \_\_\_\_\_ Special Events Assistant \_\_\_\_\_

Inspirational Speaker \_\_\_\_\_ Homework Helper \_\_\_\_\_ Cluster Assistant \_\_\_\_\_

Site Director Assistant \_\_\_\_\_ Yard Duty Assistant \_\_\_\_\_ Community Outreach Assistant \_\_\_\_\_

Reading Buddy \_\_\_\_\_ START office Assistant \_\_\_\_\_

### Emergency Information

Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Health Coverage \_\_\_\_\_ ID # \_\_\_\_\_

Medications Used/Known Allergies \_\_\_\_\_

Physical Limitations \_\_\_\_\_

### Volunteer Agreement

**PLEASE INITIAL EACH LINE THAT YOU HAVE READ AND UNDERSTAND**

\_\_\_\_\_ Sacramento START provides no financial compensation for volunteer services.

\_\_\_\_\_ All volunteers are required to attend an Orientation and Training prior to start date.

\_\_\_\_\_ I agree to take an active role in ensuring a safe environment at all times for participants, staff, and volunteers of Sacramento START.

\_\_\_\_\_ If over 18, I agree to submit proof of fingerprinting and a TB test clearance.

