

STEPPINGSTONE
VOLUNTEER APPLICATION

NAME: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

WHAT ARE YOUR GOALS AS A VOLUNTEER?

YOUR CURRENT WORK/OCCUPATION:

PLEASE DESCRIBE YOUR VOLUNTEER EXPERIENCE:

SKILLS (Please list your skills and indicate proficiency level)

	Expert	Licensed	Can Teach	Amateur
1.				
2.				
3.				
4.				

EDUCATION (highest level completed)

Grades _____ High School College Business/Technical/Vocational

Graduate School License and/or certification? _____

LANGUAGES

Skill Level	Read	Write	Speak	Fluent
1.				
2.				
3.				

VOLUNTEER AVAILABILITY

Number of days per week:

M Tu W Th F

Number of hours per day:

1 2 3 4 5+

PLEASE LIST TWO PERSONAL REFERENCES:

NAME RELATION TELEPHONE

NAME RELATION TELEPHONE

DO YOU HAVE ANY ALLERGIES, MEDICATIONS, MEDICAL ISSUES, OR PHYSICAL LIMITATIONS THAT MIGHT IMPACT YOUR WORK AS A VOLUNTEER? NO YES IF YES, PLEASE EXPLAIN:

DATE OF LAST T.B. TEST: _____ RESULTS: _____

LOCATION PREFERENCE:

Golden Gate Mabini Mission Creek Presentation No Preference

SIGNATURE _____ DATE _____

Thank you for volunteering!

Please e-mail application to: audreydang@steppingstonehealth.org, or
 fax it to 415-974-6785 or
 mail it to: SteppingStone, 930 Fourth St., San Francisco CA, 94158

For more information about volunteering, please call Audrey at 415-974-6784