



VOLUNTEER APPLICATION

ROC Resource Center

141 Stony Circle, Suite 204, Santa Rosa 95401
707-535-3349

FIRST NAME _____ LAST NAME _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE _____ DATE OF BIRTH ___/___/___ MALE FEMALE OTHER
HOME CELL

EMAIL _____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____ PHONE _____

EMPLOYMENT STATUS: STUDENT DISABLED EMPLOYED: FULL-TIME PART-TIME UNEMPLOYED PRE-RETIRED
RETIRED UNDER MEDICAL/PROFESSIONAL CARE

CURRENT WORK _____

PREVIOUS WORK _____

EDUCATION/TRAINING _____

VOLUNTEER EXPERIENCE _____

SPECIAL SKILLS: OFFICE _____ TECHNICAL _____
LANGUAGE _____ OTHER _____

AVAILABILITY: DURING WHICH HOURS ARE YOU AVAILABLE TO VOLUNTEER?

- WEEKDAY MORNINGS
- WEEKDAY AFTERNOONS
- WEEKDAY EVENINGS
- WEEKEND MORNINGS
- WEEKEND AFTERNOONS
- WEEKEND EVENINGS

HOW DID YOU HEAR ABOUT ROC? NEWSPAPER WORD OF MOUTH PRESENTATION SCHOOL INTERNET
FAITH-BASED ORGANIZATION VOLUNTEER REFERRAL

EMPLOYER _____ OTHER _____

I UNDERSTAND THAT THIS INFORMATION MAY BE SENT TO AGENCIES WHERE I AM REFERRED.

SIGNATURE _____ DATE _____