



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

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

CONSENT TO PHOTOGRAPH: ROC SONOMA COUNTY OFTEN TAKES PHOTOGRAPHS AND VIDEOS OF VOLUNTEERS FOR PROMOTIONAL USE SUCH AS SOCIAL MEDIA, ADVERTISEMENTS, NEWSLETTERS, AND WEBSITE UPDATES. BY CHECKING "YES" IN THE BOX BELOW, YOU ARE AUTHORIZING AND ALLOWING ROC SONOMA COUNTY AND ITS COMMUNITY PARTNERS TO USE YOUR IMAGE. YES NO

I AGREE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND ACCURATE.

SIGNATURE _____ DATE _____