



Whistlestop
930 Tamalpais Avenue
San Rafael, CA 94901
MAIN (415) 456-9062 · FAX (415) 456-1581

VOLUNTEER APPLICATION
Please print

Name/First _____ Last _____ Date of Birth (Month/Date) _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

How did you hear about Whistlestop and our Volunteer Opportunities?

Newsletter Friend/Relative Website Walk-in Other _____
specify

Employment Status

Retired Partially Retired In Transition
 Employed _____ Student _____
Name of Organization Name of Institution

Volunteer Experience

Have you volunteered before? Yes No Position(s) _____

Describe the work _____

Agency _____ Address _____

Phone (____) _____ May we contact the agency? Yes No

Do you speak another language other than English? Yes _____ No
specify

What are your skills, qualifications, and hobbies/interests? _____

Availabilities (Check all that apply)

On-going opportunity Event-based opportunity Remote location opportunity

Total Hours Maximum _____ Day of week _____
per week specify specify

Volunteer Opportunities (Check all that apply)

Accounting/finance IT assistant/web development
 Fundraising/grant writing Multicultural outreach
 Hostess for Lounge Tax Preparation
 Office assistant Special Events (Valentine's Ball, Gingerbread, etc.)
 Information and Referral Office Volunteer driver

Instructor for other classes _____
specify

Jackson Café (Includes set-up/clean up, cashier, server, or waitress)

Other, if you do not see a volunteer opportunity that matches your qualification and would like to volunteer in another capacity, please indicate here: _____

Do you have any medical problems or physical limitations? If so, what accommodations do you need to perform the volunteer position?

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

References (Personal or professional; not a relative)

Name _____ Relationship _____ Phone (____) _____

Name _____ Relationship _____ Phone (____) _____

In case of an Emergency, please notify

1) Name _____ Relationship _____ Day Phone (____) _____

1) Name _____ Relationship _____ Day Phone (____) _____

Driving Information

If you are volunteering for a position that requires driving, Whistlestop requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one? Yes No

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to Whistlestop, so that they can be filed with this application. I will immediately notify my volunteer coordinator if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier _____ Policy # _____

Driver's License # _____ State of Issue _____ Expiration Date _____

I hereby attest that the above information is true to the best of my knowledge.

Signature _____ Date _____

Parental Consent (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to Whistlestop. I also give Whistlestop my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

FOR OFFICE USE ONLY

Date Application Received: _____

Interviewed by: _____ Date: _____

Background Check done on: _____

Orientation: _____

Notes: _____