



sierra nevada children's services

Volunteer Application

(Please Print Clearly)

Name: _____ Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Days Available to Volunteer: Please Circle

Monday – AM or PM

Tuesday – AM or PM

Wednesday – AM or PM

Thursday – AM or PM

Friday – AM or PM

Saturday – AM or PM

How did you hear about SNCS and our volunteer opportunities? _____

Please list any hobbies, experiences, skills or interest that may be helpful in a volunteer assignment:

Is there a specific position or type of work that interests you (if yes, please describe)? _____

Please describe your prior volunteer experience (include organization names and dates of service):

Please read the following carefully before signing this application:

I certify that I have provided information that is true, correct, and complete to the best of my knowledge. This certification includes all information on this application for the volunteer position and in interviews with SNCS. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by SNCS. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with SNCS or my termination as a volunteer.

Signature: _____ Date: _____

If applicant for volunteering is under the age of eighteen (18) years of age, please have the parent/guardian sign below acknowledging and for authorization purposes.

Signature: _____ Date: _____

Print name and state relationship to the minor

Signature _____