VOLUNTEER APPLICATION

(PLEASE PRINT CLEARLY)

Name ________________________________________________________________________

Street Address __________________________________________________________________

City ________________________________  State ________________  Zip ________________

Home Phone _________________________ Work Phone _______________________________

Email ________________________________________________________________________

Emergency Contact Name & Number  _______________________________________________

I am 21 years of age or older.           YES         NO

VOLUNTEER AREA OF INTEREST:
CRISIS LINE ________________________ FOOD PANTRY ________________________
ADVOCATE _________________________ SPECIAL EVENTS _______________________
LEGAL CLINIC ____________________ OFFICE WORK _________________________
CHILDCARE ______________________ THRIFT STORE _______________________

DO YOU FLUENTLY SPEAK ANY LANGUAGES OTHER THAN ENGLISH? IF YES, WHICH ONES?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

WORK & VOLUNTEER EXPERIENCE:
(past five years)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

EDUCATION:
(include level and relevant courses studied)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Please complete both sides of the
TVH Volunteer Application and mail it to:

Tri-Valley Haven
Attn: Coordinator of Volunteers
P.O. Box 2190
Livermore, CA 94551

(08/05)
HAVE YOU EVER RECEIVED, ARE RECEIVING, OR PLAN TO RECEIVE COUNSELING OR OTHER SERVICES FROM TRI-VALLEY HAVEN?
(Due to a conflict of interest, our policy states that TVH clients may not volunteer while they are receiving TVH services. Any TVH client must wait two years before volunteering.)

HOW DID YOU BECOME INTERESTED IN VOLUNTEERING FOR TVH?

WHAT STRENGTHS CAN YOU BRING AS A VOLUNTEER?

WHAT ARE YOUR WEAKNESSES? (things you would like to work on?)

HOBBIES & INTERESTS:

NAMES AND PHONE NUMBERS OF 3 REFERENCES:  (1 business, if employed)
1.
2.
3.

WHEN ARE YOU AVAILABLE TO VOLUNTEER? TIME PREFERENCES?

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(08/05)