



Volunteer Application

Date: _____

Name: _____

Current Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (day): _____

Phone (night): _____

Email: _____

In case of emergency please contact:

Name: _____

Relationship: _____

Phone (cell): _____

Phone (other): _____

At which location/s would you like to volunteer?

Residences and Emergency Center
260 Golden Gate Ave. at Hyde

Transitional Housing Program
1631 Hayes St. at Lyon

Dudley Apartments
172 6th St. at Howard

Volunteer Commitment:

Do you have one hour a week to volunteer? Yes No, I do not have 1 hour a week

Please fill in the days and times that you are available to volunteer.*

	Monday	Tuesday	Wednesday	Thursday	Friday
Times					

* *Children's programs have limited programming on weekends.*

Total number of hours each week you are available to volunteer: _____

Can you commit to volunteering for at least three months? Yes No

Estimated length of commitment (e.g. 3 months, 1 year, indefinitely, etc.): _____

Would you be interested in volunteering during special events? Yes No

Interests/ Special Skills:

Do you have a preference for an activity? (If so, please indicate 1st, 2nd, 3rd choice)

Play Room / Games		Toddler Time (ages 18 mo to 4 y.o)	
Tutoring / Homework Help		Teen Programming	
Food Service		Computer/ Technology Services	
Adult Programming		Other:	

List any special skills or areas of knowledge that you would like to share with HFC (including non-English languages):

What interests you about volunteering at the Hamilton Family Center?

What are your expectations of volunteering and/or what do you hope to accomplish?

Please tell us about previous training/experience working with children and/or homeless populations.

How did you learn about Hamilton Family Center volunteer opportunities?

Occupation

What is your occupation? _____

Name and address of employer: _____

Are you a student? Yes No

Name and location of school: _____

References

Please list the names and daytime phone numbers of two references that we may contact, who are not a family member or significant other. *(If possible list at least one reference from your job (paid or volunteer) or school and one reference who has seen you interact with children.)*

Name of Individual: _____ Time known: _____

Organization: _____ Relationship: _____

Phone: _____ E-mail: _____

Name of Individual: _____ Time known: _____

Organization: _____ Relationship: _____

Phone: _____ E-mail: _____

Have you ever received services from Hamilton Family Center? Yes No

If yes, please provide approximate dates: _____

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If yes, please state nature of the crime(s), when and where convicted, and disposition of the case:

Would you be willing to submit to a criminal background check? Yes No

Please check all that apply:

I am CPR certified

I have received MMR vaccination (measles, mumps, rubella)

I have had the chicken pox

I have had a recent TB test. When? _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND I AUTHORIZE HAMILTON FAMILY CENTER TO INVESTIGATE THE ACCURACY OF THIS INFORMATION AND CHECK MY REFERENCES.

Print Name: _____ Parent/Guardian Name (if under 18): _____

Applicant Signature: _____ Parent/ Guardian Signature (if under 18): _____

Date: _____

PLEASE RETURN COMPLETED APPLICATIONS TO:

Kimberly Rose, Hamilton Family Center
1631 Hayes Street, San Francisco, CA 94117
Fax: (415) 345-0471

Agency USE ONLY
Interviewed by: _____ on _____ TB Clearance submitted: _____ Background clearance: _____
Reference Check: _____ Placement: _____ Schedule: _____ Start date: _____