



Volunteer Application

www.hamiltonfamilycenter.org (415) 409-2100

Name: _____ Current Age: _____ Date of Birth: _____
 Address: _____ Email: _____
 City: _____ Phone (cell): _____
 State: _____ Zip: _____ Phone (other): _____

In case of emergency please contact:

Name: _____ Phone (cell): _____
 Relationship: _____ Phone (other): _____

At which location/s would you like to volunteer (please circle all that apply)?

Emergency Center Transitional Housing Dudley Apartments First Avenues
 260 Golden Gate Ave 1631 Hayes St 172 6th St 255 Hyde St

Volunteer Commitment:

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

Please fill in days and times you're available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
Times					

Can you commit to volunteering for at least six months? Yes No How long (approx.)? _____

Are you 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 and/or experience you've had working with children and/or homeless individuals.

How did you learn about Hamilton Family Center's volunteer opportunities?

Occupation

What is your occupation? _____

Name and address of employer: _____

Are you a student? Yes No If so, name and location of school, and major: _____

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 reference: _____ How long known: _____

Organization: _____ Relationship: _____

Phone: _____ email: _____

Name of reference: _____ How long known: _____

Organization: _____ Relationship: _____

Phone: _____ email: _____

Other

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: _____

Are you willing to authorize 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.

Applicant Name: _____ Applicant Signature: _____

IF APPLICANT IS UNDER AGE 18: Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

PLEASE RETURN COMPLETED VOLUNTEER APPLICATION BY MAIL, EMAIL, OR FAX TO:

Volunteer Coordinator, Hamilton Family Center, 1631 Hayes Street, San Francisco, CA 94117

email: volunteer@hamiltonfamilycenter.org

fax: (415) 345-0471