



FOR USE OF STAFF ONLY

DATE RECEIVED: _____
 INTERVIEW DATE: _____
 START DATE: _____
 BACKGROUND CHECK
 NEEDED: Y____ N____
 DATE BACKGROUND CHECK
 RECEIVED: _____

VOLUNTEER APPLICATION

GENERAL INFORMATION

First name:	Middle name:	Last name:
Street Address:		Mailing Address:
City/State/Zip Code		Phone Number:
Cell Number:	E-mail:	
	Date of birth:	

How did you hear about PuenTe?	
Is there a specific volunteer role you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please list:	
Do you have a California Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you speak Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION. Tell us about your education experience.

WORK EXPERIENCE

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VOLUNTEER EXPERIENCE

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PERSONAL REFERENCES (Please do not include family members)

Name	Telephone Number	Best Time to Call	Business	Relationship to you

SKILLS / QUALITIES / EXPERIENCE (Please check all that apply)

- | | | | | | |
|---|--------------------------------------|---|--|--|---------------------------------------|
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Team Player | <input type="checkbox"/> Child Care | <input type="checkbox"/> Stock / Inventory | <input type="checkbox"/> Hard-working | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Cash Handling | <input type="checkbox"/> Organized | <input type="checkbox"/> Punctual | <input type="checkbox"/> Answer phones | <input type="checkbox"/> Filing | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Quick Learner | <input type="checkbox"/> Bilingual | <input type="checkbox"/> Knowledge of office machines (fax, copy) | <input type="checkbox"/> Landscape / Yard Work | <input type="checkbox"/> Housekeeping / cleaning | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Tutor | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Detail Oriented | <input type="checkbox"/> Works well under pressure | <input type="checkbox"/> Flexible |
| <input type="checkbox"/> Takes initiative | <input type="checkbox"/> Sales | <input type="checkbox"/> Positive Attitude | <input type="checkbox"/> Mechanically inclined | <input type="checkbox"/> Follows directions well | <input type="checkbox"/> Self-starter |
| <input type="checkbox"/> Reliable | <input type="checkbox"/> Committed | <input type="checkbox"/> Dependable | <input type="checkbox"/> Responsible | <input type="checkbox"/> Independent | |

Other: _____

AVAILABILITY TO VOLUNTEER (Please give us the days and time available)

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8am-2pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-8 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments as necessary: _____

EMERGENCY CONTACT INFORMATION

First Name:	Last Name:
Street Address:	Phone Number:
Work/Cell Number:	Relationship:
First Name:	Last Name:
Street Address:	Phone Number:
Work/Cell Number:	Relationship:

Signature of applicant:
Date:
Name and Signature of Parents or Guardian of Applicant (if under 18 years old):

Please deliver your application:
In person to Puente de la Costa Sur at 620 North Street
By fax to (650) 879-0973
By e-mail to amohaupt@mypuente.org
By mail to P.O. Box 554, Pescadero, CA 94060