



Volunteer Application

Date:

Name:

Address:

City:

State:

Zip:

Contact Number:

Email:

Emergency Contact:

Best way to reach you (please circle one): Telephone Preferred time to call ____:____ am/pm
Email
Mail

AREA OF VOLUNTEER INTEREST:

Administrative (Indirect client service)

- ☐ Assist with fundraisers/special events
- ☐ Receptionist/Database Entry
- ☐ Yard Work
- ☐ Repair/Building Maintenance
- ☐ Board of Directors
- ☐ Community Presentations
- ☐ Care Closet

Direct Client Service: 80 hour Victim Assistance Certification Required (Agency Provides)

- ☐ Peer Counselor
- ☐ Crisis Line Worker
- ☐ Safehouse Worker
- ☐ Advocate/Hospital or Court Accompaniment
- ☐ Temporary Restraining Order Assistance
- ☐ Support Group Facilitator
- ☐ Violence Prevention Education Presentations
- ☐ Community Education Presentations

SPECIAL SKILLS, DEGREES, TRAININGS AND INTERESTS:

Are there tasks that you do not want to do as a volunteer?

Are you currently employed: Yes No

If yes, what days and times are you available to volunteer? _____

REFERENCES: Please list two people who are not related to you and whom you have known for a minimum of two years.

Name: _____ Phone: _____
Address (optional): _____

Name: _____ Phone: _____
Address (optional): _____

How did you hear about Operation Care and what is your motivation for volunteering here?

Have you ever been a client of Operation Care? If so, when?

Have you ever been convicted of a felony? If yes, please describe, explain:

If you have a disability, what accommodations would you need to Volunteer with Operation Care?

How did you hear about volunteer opportunities with Operation Care?

Why are you interested in Volunteering for Operation Care?

Please describe your other volunteer activities, and list the agencies with which you volunteer (Both past and present, if you have any). _____

Volunteer Commitment for Direct Client Service: A minimum of one year after certification has been completed. We request a minimum of ten (10) hours per month (this commitment does not apply to indirect services). ***Please note:*** In order to volunteer for direct client service, you must successfully complete an 80 hour state certified training provided by Operation Care. Operation Care reserves the right to refuse certification.

_____ I have read and understand the direct service volunteer commitment. (Please initial if you are interested in direct client service only).

Optional Affirmative Action Information

Sex: ☐ Male ☐ Female **Disability:** ☐ Yes ☐ No **Date of Birth:** _____

Ethnicity:

Languages spoken other than English:

Volunteer Signature: _____

Date application submitted: _____

Please return this application to:
Operation Care
817 Court Street, Suite 12
Jackson, CA 95642
Phone: (209) 223-2897
info@operationcare.org

For internal use only:

Contact attempts:

Date: _____	Time: _____	Initials: _____	Left message? _____
Date: _____	Time: _____	Initials: _____	Left message? _____
Date: _____	Time: _____	Initials: _____	Left message? _____