

**H.E.L.P.
Volunteer Registration Form**

Name	Miss Mr. Mrs. Ms.		
Address			
City, Zip			
Phone (Day)	()	Phone (Evening)	()
Date of Birth	/ /	Soc. Sec. No.	
Emergency Contact	Name: Address: Phone (Day): () Phone (Evening): ()		
Do you have any physical limitations that require special accommodation or attention? If yes, discuss on back.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a crime? If yes, discuss on back.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you speak or understand other languages? If yes, discuss on back.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Employment			
Prior Work Experience			
Prior Volunteer Experience			
Work/Volunteering Reference	Name: Your Duties:	Organization: Telephone:	
Education (check highest attained)	<input type="checkbox"/> Some High School; <input type="checkbox"/> High School Diploma; <input type="checkbox"/> Some College; <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Masters or Other Advanced Degree		
Interests / skills	Check areas on the back of this form		
Auto Insurance: I understand that if I use my personal automobile in my volunteer service for H.E.L.P. and wish to be covered by H.E.L.P.'s excess automobile liability coverage, I must arrange to keep in effect automobile liability insurance not less than required by California law.		Initial Here:	
Hours Available: Complete chart on back.			
Signature		Date	

H.E.L.P. Use	Regist. Received	Interview	Start Work
Dates			

Availability Chart (Mark hours you expect to be available — for example “9 to 12”)							
	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							

Your Interests and/or Skills (check each that applies to you)		
<input type="checkbox"/> advocacy <input type="checkbox"/> accounting <input type="checkbox"/> art <input type="checkbox"/> attend classes of others <input type="checkbox"/> banking <input type="checkbox"/> board and care <input type="checkbox"/> chamber of commerce <input type="checkbox"/> communications <input type="checkbox"/> community outreach <input type="checkbox"/> computer technology <input type="checkbox"/> consumer protection <input type="checkbox"/> creating class materials <input type="checkbox"/> data entry <input type="checkbox"/> database management <input type="checkbox"/> distributing information <input type="checkbox"/> education <input type="checkbox"/> filing <input type="checkbox"/> financial matters <input type="checkbox"/> fundraising <input type="checkbox"/> government <input type="checkbox"/> grants - corporations	<input type="checkbox"/> grants - foundations <input type="checkbox"/> grants - cities, county <input type="checkbox"/> grants - civic groups <input type="checkbox"/> graphics <input type="checkbox"/> handwriting / addressing <input type="checkbox"/> health care <input type="checkbox"/> home care <input type="checkbox"/> hospice <input type="checkbox"/> insurance matters <input type="checkbox"/> Internet web page <input type="checkbox"/> investments <input type="checkbox"/> legal matters <input type="checkbox"/> library <input type="checkbox"/> mailing <input type="checkbox"/> mental health <input type="checkbox"/> newsletter production <input type="checkbox"/> nursing homes <input type="checkbox"/> packaging class materials <input type="checkbox"/> public speaking <input type="checkbox"/> publicity <input type="checkbox"/> real estate	<input type="checkbox"/> receptionist / greeter <input type="checkbox"/> represent at health fairs <input type="checkbox"/> research <input type="checkbox"/> retirement planning <input type="checkbox"/> social events <input type="checkbox"/> solving problems <input type="checkbox"/> special events <input type="checkbox"/> statistics <input type="checkbox"/> taxes <input type="checkbox"/> telephone info & referral <input type="checkbox"/> train others <input type="checkbox"/> typing <input type="checkbox"/> work individually <input type="checkbox"/> work in groups <input type="checkbox"/> work with city officials <input type="checkbox"/> writing / editing <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Subject	Added Discussion