

1311 Eye Street
Bakersfield, CA 93301
(661) 395-9787
FAX: (661) 395-9780

VOLUNTEER SIGN-UP

Please include an e-mail
address:

Please complete all of the following information (Print):

Ms/Miss/Mrs/Mr _____
Last Name First Name

Mailing Address _____
Street City Zip Code

Telephone _____ **Date of Birth** _____ **Age** _____

Transportation: Own Car _____ Ride with other or use volunteer station vehicle _____ Taxi _____
Public Transportation _____ Walk _____ Homebound _____

Driver's License # _____ **Current Auto Liability Insurance?** Yes _____ No _____

Are you a Veteran? _____ Yes _____ No _____

Emergency Contact _____
Name Phone

Ethnic Group (optional): Caucasian _____ Hispanic _____ African American _____ Native American _____
Asian/Pacific Islander _____ Other _____

Languages spoken other than English _____

Volunteer Experience _____

Special Interests, Skills, Hobbies: (Check all you are interested in)

Animals _____ Arts/Craft _____ As Needed/On Call _____ Computer Skill _____ Entertainment _____ Food Service _____
Medical _____ Office Skills _____ Public Relations _____ Reader _____ Work with Youth: A. Preschool _____
B. Grade School _____ C. Teenager _____ Work with Seniors _____ Other _____

Days/Times available _____

Physical Limitations, if any _____

Are you a registered sex offender? Yes _____ No _____

Date _____ **Volunteer Signature** _____

Volunteer Agency _____