



## City of Monterey Volunteer Application

Name: \_\_\_\_\_ Email: \_\_\_\_\_  (H) \_\_\_\_\_  (W) \_\_\_\_\_

Home Address, City & Zip Code: \_\_\_\_\_

What kinds of volunteer work are you most interested in at this time? \_\_\_\_\_

Check appropriate skills or areas in which you are interested in volunteering:

Skilled: Interested:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Bilingual: _____       | <input type="checkbox"/> Performing Arts       | <input type="checkbox"/> Scuba Diving      |  |
| <input type="checkbox"/> Interviewing           | <input type="checkbox"/> Web design            | <input type="checkbox"/> Writer            | <input type="checkbox"/> Research          |
| <input type="checkbox"/> Photography            | <input type="checkbox"/> Nutrition/Meal        | <input type="checkbox"/> Sports/Activities | <input type="checkbox"/> Emergency Prepare |
| <input type="checkbox"/> Ham/CB Radio           | <input type="checkbox"/> Recycling             | <input type="checkbox"/> Word Processing   | <input type="checkbox"/> Painting/drawing  |
| <input type="checkbox"/> Entertaining           | <input type="checkbox"/> Receptionist          | <input type="checkbox"/> Friendly Visiting | <input type="checkbox"/> Graphic Arts      |
| <input type="checkbox"/> Mass Mailings          | <input type="checkbox"/> Desktop publishing    | <input type="checkbox"/> Gardening         | <input type="checkbox"/> Recruiting        |
| <input type="checkbox"/> Working with: (Circle) | <input type="checkbox"/> Museum interpretation | <input type="checkbox"/> CADD              | <input type="checkbox"/> Marine Science    |
| Adults  | <input type="checkbox"/> Inventory             | <input type="checkbox"/> Survey-taking     | <input type="checkbox"/> Cooking           |
| Seniors   | <input type="checkbox"/> Public Relations/Mktg | <input type="checkbox"/> Scanning          | <input type="checkbox"/> Telephoning       |
| Adolescents                                     | <input type="checkbox"/> Crafts                | <input type="checkbox"/> Video Production  | <input type="checkbox"/> Crime Prevention  |
| Children  | <input type="checkbox"/> Sign Language         | <input type="checkbox"/> Special Events    | <input type="checkbox"/> Teacher/Trainer   |
| Disabled  | <input type="checkbox"/> Clerical              | Other Skills & Abilities: _____            |  |

Would you be willing to be "on-call" for special assignments?  Yes  No

Volunteer History: \_\_\_\_\_

What are your goals for volunteer work now? \_\_\_\_\_

Are you presently employed/in school? Yes  No  If yes, hours per week: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Availability for volunteering: hours per week \_\_\_\_\_ Days available (please circle): M T W Th F Sa Su Time of day: \_\_\_\_\_



Duration of commitment: from: \_\_\_\_\_ to \_\_\_\_\_ Notes: \_\_\_\_\_  
mo./day/yr. mo./day/yr.

Senior  (over age 55) Teen  (14-17) PreTeen  (11-14) Family  (Parent and children) Adult

Birth Day and Month (optional!) \_\_\_\_\_ Education: High School Diploma/GED  College  Degree Obtained: \_\_\_\_\_

Drivers' License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Is transportation a factor affecting when or where you volunteer? \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_  (H) \_\_\_\_\_  (W) \_\_\_\_\_

Are you willing to be contacted as a disaster volunteer in the event of a disaster?  Yes  No

Have you ever been convicted of a misdemeanor or a felony?  Yes  No

If "yes", please explain: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Today's Date

Please return to:

**City of Monterey, Volunteer Services, 735 Pacific Street Suite B, Monterey, California 93940**