

VOLUNTEER INITIAL CONTACT/INTEREST FORM



Please complete the below indicating any programs where you would like more information. A Program Coordinator will contact you to schedule a meeting to discuss your interests and to answer your questions.

Name: _____ Referred by: _____

Physical Address: _____ City: _____ ST: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Best Contact Time: _____
AM PM EITHER

Email Address: _____

Same as above

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Are you currently volunteering in your Community?: Yes No

If yes, where are you volunteering? _____

Age: 18-30 31-54 55-over

Typical Availability:

Morning: -M -Tu -W -Th -F
Afternoon: -M -Tu -W -Th -F
Evening: -M -Tu -W -Th -F

Schedule Preference:

Morning Regular
 Afternoon Special Events
 Evening Either

Hours Available:

 Weekly Monthly

Check all that interest you: *(Individuals 55 and over are encouraged to sign up for one of the Corporation for National & Community Service (CNCS) programs listed below to qualify for benefits; for example, stipend, mileage, recognition, third party liability insurance, etc.)*

- CNCS Foster Grandparent Program (FGP) - age 55 and over / 15 hours per week minimum
- CNCS Senior Companion Program (SCP) - age 55 and over / 15 hours per week minimum
- CNCS Retired Seniors & Volunteer Program (RSVP) - age 55 and over (*non-stipend*) / no minimum hours
- Non-Senior Volunteer - under 55 / no minimum hours

Opportunities for RSVP and Non-Senior Volunteers:

- Disaster Preparedness
- Adult Day Health Care
- Advocacy
- Dining Room Server
- Education
- Food Bank Driver
- Special Events
- Office/Clerical
- Other: _____
- Adult Day Program
- Companionship
- Food Bank Worker
- Meals on Wheels Driver
- Meals on Wheels Worker
- Receptionist
- Kitchen Assistant
- Transportation/Driver
- TeleCare

Internship:

- Social Work
- Nursing
- Physical Therapy
- Occupational Therapy

Location Preference: _____

Are you interested in receiving mileage reimbursement? Yes No

Please submit completed form by:

Fax - 530.226.3084

Email - Phillip.moller@dignityhealth.org

Mail - Dignity Health Connected Living, 200 Mercy Oaks Drive, Redding, CA 96003

Or by calling - 530.226.3098 for an appointment