

# 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.

Referred by: \_\_\_\_\_

Name: \_\_\_\_\_ Age:  18-30  31-54  55-over

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Best Time: AM PM EITHER

Email Address: \_\_\_\_\_

Same as above

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 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:**

Adult Day Health Care

Advocacy

Dining Room Server

Education

Food Bank Driver

Meals on Wheels Worker

Office/Clerical

Transportation/Driver

TeleCare

Adult Day Program

Companionship

Disaster Services

Food Bank Worker

Meals on Wheels Driver

Kitchen Assistant

Receptionist

Special Events

Other: \_\_\_\_\_

### Internship:

Social Work

Nursing

Physical Therapy

Occupational Therapy

Location Preference: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Fax or email completed form to: Tori McElyea at 530-223-0658 / victoria.mcelyea@dignityhealth.org  
or Kerry Pelascini at 530-223-0658 / kerry.pelascini@dignityhealth.org

**For Office Use Only**

Referred by: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

Form given to: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Followed up by:  Phone  Mail Date: \_\_\_\_\_

Volunteer Enrollment Packet given:  Stipend  RSVP  Non-Senior Volunteer Date: \_\_\_\_\_

Location: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program Coordinator Signature

\_\_\_\_\_

Date