



VOLUNTEER & INTERN APPLICATION

I'm interested in: (check one)

Volunteering

Internship

INFORMATION

Name: _____

Phone: _____ Select One: Cell Home Office

Phone: _____ Select One: Cell Home Office

Email: _____

Address: _____

City, State and Zip: _____

Employer: _____ My employer will match volunteer hours

Students (if applicable)

High School or College: _____ Hrs Required: _____

Major: _____

POSITION INTEREST

Is there a specific program or position that you are applying for?

What kind of volunteer activities are you interested in? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Wherever I'm needed most | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Community outreach and advocacy | <input type="checkbox"/> Special events / one-time opportunities |
| <input type="checkbox"/> Connect people with needed resources | <input type="checkbox"/> Health Insurance Counseling |
| <input type="checkbox"/> Administrative support and data entry | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Social media, blogs, computer support | |

What are you looking for in a volunteer/intern experience?

Summarize any special skills, training and qualifications from previous employment or volunteering, including hobbies.

How many hours per week (estimated) would you like to volunteer? _____



When are you available to volunteer? (Check all that apply):

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Mornings | <input type="checkbox"/> Weekends |
| <input type="checkbox"/> Afternoons | <input type="checkbox"/> Weekdays |
| <input type="checkbox"/> Evenings | <input type="checkbox"/> Other (specify): _____ |

What are some skills or experience that you would like to gain?

What languages do you speak and/or write? Please check all that apply:

- | | | | |
|---------------------------------------|--------------------------------|---------------------------------------|---|
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Write | <input type="checkbox"/> Speak-Fluent | <input type="checkbox"/> Speak – Conversational |
| <input type="checkbox"/> Mandarin | <input type="checkbox"/> Write | <input type="checkbox"/> Speak-Fluent | <input type="checkbox"/> Speak – Conversational |
| <input type="checkbox"/> Russian | <input type="checkbox"/> Write | <input type="checkbox"/> Speak-Fluent | <input type="checkbox"/> Speak – Conversational |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Write | <input type="checkbox"/> Speak-Fluent | <input type="checkbox"/> Speak – Conversational |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Write | <input type="checkbox"/> Speak-Fluent | <input type="checkbox"/> Speak – Conversational |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Write | <input type="checkbox"/> Speak-Fluent | <input type="checkbox"/> Speak – Conversational |

Please describe your experience working with people living on low incomes, or seniors, or adults with disabilities from diverse backgrounds (this may include race, culture, sexual orientation, socioeconomic, age, etc.):

Do you have access to a vehicle that you would be willing to use while volunteering? Yes No

If yes, please specify: Car Truck SUV Van Other _____

If you answered, Yes, do you have a valid California Driver’s License? Yes No

If you answered, Yes, do you have a valid Insurance? Yes No

*As a volunteer, you may need to travel to community events, festivals, or make a home visit.

REFERENCES

References are contacted to help determine appropriate volunteer positions. Work, volunteer, school or personal references (excluding family members or spouse/partners) are acceptable.

Name: _____ Relationship: _____
 Email: _____ Phone: _____

Name: _____ Relationship: _____
 Email: _____ Phone: _____

EMERGENCY CONTACT

Name: _____ Phone: _____

AUTHORIZATION/CONSENT (Required)

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purpose of determining whether there is an appropriate and satisfactory volunteer or intern position for me, including contacting my references. I understand that prior to being accepted as a volunteer, I will need to have a Live Scan background check performed, and I agree to complete the form(s) required for that process. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application may result in my not being able to continue as a volunteer with Sourcewise.

If I am under 18, an underage waiver must be signed by a parent or guardian prior to volunteering.

Applicant's signature: _____ Date: _____

Thank you for your interest in volunteering at Sourcewise!

Please send or email your completed application to:

Sourcewise – Volunteer Program

3100 De La Cruz Blvd, Ste 310

Santa Clara, CA 95054

community@mysourcewise.com

Phone: 408-350-3200, option 1 Fax: 408-249-8918