



Formerly Tri-City Homeless Coalition
588 Brown Rd - Fremont Ca 94539
(510) 252-0910 Fax: (510) 252-0428
www.abodeservices.org

Volunteer Coordinator Use only:
Date Started: _____
Volunteer Position _____

ADULT VOLUNTEER APPLICATION

Name _____
(First) (MI) (Last)

Street Address _____

City _____ State: _____ Zip _____ Home Phone _____

E-Mail Address _____

If employed, name of Employer _____ Position: _____

Work Phone# _____ * Does Your Company participate in A Volunteer Matching Program? Yes or No

Are you attending College right now? Yes or No (circle one) If so, College name: _____

Person(s) to contact in case of Emergency:

Name _____ Relationship to you _____

Home phone # _____ Work phone # _____

Have you volunteered here before? _____ If yes, what did you do? _____

Indicate skills /special interests/ foreign or sign language skills: _____

Which Volunteer Position/ areas are you interested in? _____

What days are you available to volunteer _____ Time Available: _____

Any physical limitation? Yes or No (circle one) If Yes, what are they _____

REFERENCES (please exclude relatives)

Type of reference: (circle one) **Work** **School** **Volunteer** **Personal** **Other** _____

Name _____ Phone# _____

Address _____ City _____ State _____ Zip _____

THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

- ~ Your Signature indicates your approval for us to check your references.
- ~ Abode Services is not obligated to provide a placement, nor are you obligated to accept the position offered.

SIGNATURE: _____ **DATE:** _____

OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE, OR GENDER.
Volunteers Make A World Of Difference