ABODE SERVICES
Formerly Tri-City Homeless Coalition

Volunteer Coordinator Use Only:

Date Started: _____

Volunteer Position_____

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

STUDENT VOLUNTEER APPLICATION

Name_____
(First) (MI) (Last)

Street Address: _____

City_____ State:_____ Zip_____ Email Address_____

Home#:_____ Cell#:_____

School:_____ Grade:_____ Graduation Year _____

Parent's Name:_____ Phone:_____

Person to contact in case of Emergency:

Name_____ Relationship to you_____

Home phone #_____ Work phone #_____

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:_____

I would like to volunteer: Summer Only _____ Year Round _____ School Project _____

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.

~ Abode Services is not obligated to provide a placement, nor are you obligated to accept the position offered.

STUDENT'S SIGNATURE: _____ **DATE:** _____

PARENT'S SIGNATURE: _____ **DATE:** _____

~Parents – your signature indicates your approval for your child's participation in our volunteer program and your consent to contact your child's references.

OPPORTUNITIES FOR VOLUNTEERS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE, OR GENDER.

Volunteers Make A World Of Difference

Updated 4/4/2010 mlittle