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3088 Pio Pico Dr. Ste. 202 Carlsbad, CA 92008

## VOLUNTEER APPLICATION

Date \_\_\_\_\_

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ CA Zip Code \_\_\_\_\_

Hm Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail Address \_\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Phone \_\_\_\_\_

Birthday: Month \_\_\_\_\_ Day \_\_\_\_\_

### SKILLS/TRAINING

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Type of Volunteer

\_\_\_\_\_ REGULAR \_\_\_\_\_ STUDENT/INTERN, No. of hrs required \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Where \_\_\_\_\_

Days and hours you are available to volunteer:

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Sat \_\_\_\_\_ Sun \_\_\_\_\_

I prefer (check all that apply): Mailings \_\_\_\_\_ Copying \_\_\_\_\_ Telephone work \_\_\_\_\_

Data entry \_\_\_\_\_ Filing \_\_\_\_\_ Fundraising \_\_\_\_\_ Community Events \_\_\_\_\_

Health Fairs \_\_\_\_\_ Public Promotion \_\_\_\_\_ Advertising \_\_\_\_\_ Internet research \_\_\_\_\_

Writing (grants, pamphlets, newsletters etc.) \_\_\_\_\_ Editing \_\_\_\_\_ Key note speaker \_\_\_\_\_



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Reason for choosing the Cardiovascular Disease Foundation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you volunteered for other agencies? \_\_\_\_\_ If yes where and for how long? \_\_\_\_\_

\_\_\_\_\_

Are there any limitations to what you can do? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested or convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain: \_\_\_\_\_

\_\_\_\_\_

Reasons for wanting to volunteer:

- |   |   |                                       |                                      |
|---|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Give back to the community | <input type="checkbox"/> Socialization      | <input type="checkbox"/> Retired      | <input type="checkbox"/> Help others |
| <input type="checkbox"/> Re- enter the workforce    | <input type="checkbox"/> Career exploration | <input type="checkbox"/> Networking   | <input type="checkbox"/> Experience  |
| <input type="checkbox"/> Sense of being needed      | <input type="checkbox"/> School requirement | <input type="checkbox"/> Other: _____ |                                      |

Do you have a secondary language? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what is it? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please list at least one reference we can contact:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I understand that as a volunteer of the Cardiovascular Disease Foundation, I will not be paid for my services.

Signature \_\_\_\_\_ Date \_\_\_\_\_