

VOLUNTEER REGISTRATION

Civic Center Volunteers - Marin County Human Resources
3501 Civic Center Drive, Suite 415
San Rafael, CA 94903
Ph: 415/499-7407 Fax: 415/473-6557
Email: jbrown@co.marin.ca.us

First Name _____	Last Name _____	(M/F) _____	Date _____
Home Address _____	Home phone _____		
City & Zip Code _____	Business phone _____		
E-mail address _____	Cell phone _____		
_____	Pager _____		

Education (circle last year completed)

Elementary School 5 6 7 8 Where? _____ College 1 2 3 4 Where? _____

High School 1 2 3 4 Where? _____ Graduate 1 2 3 4 Where? _____

Previous work experience _____

Are you presently employed? no _____ yes _____ If yes, how many hours worked per week? _____

Where do you work? _____

Special skills, training, interests or hobbies _____

Previous volunteer jobs _____

What kind of volunteer jobs are you interested in? _____

What are your volunteer goals? _____

<u>What time do you have available?</u>	
Total hours per week available _____	
Days available _____	Days not available _____
Preferred hours _____	Preferred Days _____
Available from _____	to _____

Please give us any further information or comments you might wish to offer: _____

SKILLS & INTERESTS

Please CIRCLE your skills and interests.

	Very well	Well	So-so	Not at all	Comment
<i>Computer skills:</i> Microsoft Word (wpm___), PageMaker, Quark, Photo Shop, Excel, CADD, PowerPoint, database, graphics design, Web design, other					
<i>Office skills:</i> filing, phones, records, organizing, minute taking					
<i>Speaking:</i> public, express ideas, sell & influence					
<i>Teaching & training:</i>					
<i>Use statistics & numbers:</i> bookkeeping, accounting (10-key pad), collecting & analyzing figures, computing & estimating					
<i>Writing:</i> grants, reports, articles					
<i>Working with:</i> children, juveniles, elderly, mentally ill					
Taking responsibility, making decisions					
Meeting new people					
<i>Good with your hands :</i> machines, equipment, crafts					
<i>Artistic Skills:</i> drawing, painting, photography					
Cooking & entertaining					
Camping, outdoor living, hiking					
Reading					
Other languages (speak, read, write)					
Other (please list)					

EMERGENCY INFORMATION

Please PRINT clearly.

VOLUNTEER Name _____

VOLUNTEER Address _____

VOLUNTEER Home and work phone numbers _____

Please list three people (relatives, friends, neighbors) who can be contacted in case of emergency:

	Name	Relationship	Home phone #	Work phone #	Cell phone/pager #
1					
2					
3					

Information accurate as of _____ (date). *When information changes, please contact Civic Center Volunteers.*