

VOLUNTEER INITIAL CONTACT/INTEREST FORM



Please complete the below indicating any programs where you would like more information. A Program Coordinator will contact you to schedule a meeting to discuss your interests and to answer your questions.

Referred by: _____

Name: _____ Age: 18-30 31-54 55-over

Physical Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Best Time: AM PM EITHER

Email Address: _____

Same as above

Mailing Address: _____

City: _____ State: _____ Zip: _____

Typical Availability:

Morning: M Tu W Th F

Afternoon: M Tu W Th F

Evening: M Tu W Th F

Schedule Preference:

Morning Regular

Afternoon Special Events

Evening Either

Hours Available:

Weekly Monthly

Check all that interest you: *(Individuals 55 and over are encouraged to sign up for one of the Corporation for National & Community Service (CNCS) programs listed below to qualify for benefits; for example, stipend, mileage, recognition, third party liability insurance, etc.)*

- CNCS Foster Grandparent Program (FGP) - age 55 and over / 15 hours per week minimum
- CNCS Senior Companion Program (SCP) - age 55 and over / 15 hours per week minimum
- CNCS Retired Seniors & Volunteer Program (RSVP) - age 55 and over (*non-stipend*) / no minimum hours
- Non-Senior Volunteer - under 55 / no minimum hours

Opportunities for RSVP and Non-Senior Volunteers:

- Adult Day Health Care
- Advocacy
- Dining Room Server
- Education
- Food Bank Driver
- Meals on Wheels Worker
- Office/Clerical
- Transportation/Driver
- TeleCare
- Adult Day Program
- Companionship
- Disaster Services
- Food Bank Worker
- Meals on Wheels Driver
- Kitchen Assistant
- Receptionist
- Special Events

Internship:

- Social Work
- Nursing
- Physical Therapy
- Occupational Therapy

Location Preference: _____

Volunteer Signature

Date

Fax or email completed form to: Tori McElyea at 530-223-0658 / victoria.mcelyea@dignityhealth.org
or Kerry Pelascini at 530-223-0658 / kerry.pelascini@dignityhealth.org

For Office Use Only

Referred by: _____ Date: _____

Processed by: _____ Date: _____

Form given to: _____ Department: _____ Date: _____

Followed up by: Phone Mail Date: _____

Volunteer Enrollment Packet given: Stipend RSVP Non-Senior Volunteer Date: _____

Location: _____

Notes: _____

Program Coordinator Signature

Date