



San Mateo County Health Foundation Volunteer Application

Today's Date _____

Last Name First Name Middle Initial

Current Address City State Zip Code

Home Telephone Cell Telephone E-mail Address

Education/Special Training Highest Grade Level
Completed

Employer's Name/School's Name Occupation/Academic Major

Parent's/Guardian's Name (if under 18 yrs.) Supervisor's Name & Signature (if SMMC employee)

Are you at least 18 years of age? Yes ___ No ___

How did you hear about the SMCHF Volunteer Opportunity? *Website Friend SMMC Volunteer Services*
Are you required to volunteer? If yes, please explain.

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged.
Yes ___ No ___

If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.

Volunteer Experience: (List most recent service positions)

Position: _____ Position: _____
Organization: _____ Organization: _____
Date: _____ Date: _____

Placement Preferences: Indicate 1st (____), 2nd (____), and 3rd (____) choice

1. Administrative: Administrative and clerical duties.
2. Event – Golf/ Special Event
3. Bundle of Joy bag assembly
4. Public Awareness Events (Parades, Art & Wine Festivals, Booth staffing)

Proposed Start Date: _____ Proposed End Date: _____



The San Mateo County Health Foundation Volunteer References and Emergency Contact Information

Duration of Volunteer Services:

One Time: _____ 1-3 months: _____ More than 3 months: _____

Other: _____ to _____

References: List two people other than relatives who would be willing to serve as personal references.

1.

Name		Telephone Number		
Street Address		City	State	Zip Code
E-mail Address				

2.

Name		Telephone Number		
Street Address		City	State	Zip Code
E-mail Address				

Emergency Contact: In the event of an emergency, please list the person you would want notified.

Name Relationship		
Home Telephone	Business Telephone	Cell Phone

Statement of Understanding:

I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the San Mateo County Health Foundation from any liability whatsoever for supplying such information.

I understand that I must be at least 15 years of age to volunteer at The San Mateo County Health Foundation and if I am under the age of 18 years of age and/or attending high school I will need parental consent.

Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

Applicant's Signature: _____ **Date:** _____

Parental Signature: _____ **Date:** _____