



Volunteer Application

Please fill out this form completely on both sides. We will contact you after we process your application to discuss your availability and our available volunteer opportunities.

1. Personal Information

Last Name _____ First Name _____

Date of Birth ____/____/____ Phone # ____-____-____

Mailing Address _____

Street City State Zip

Email Address _____

Do you have any allergies that we should be aware of during your volunteer time with us? Yes No

If yes, please explain: _____

Do you have any special needs, physical limitations, or health conditions that we should know about for safety (or other) reasons? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony*? Yes No

If yes, please explain: _____

**This will not necessarily prevent you from being able to volunteer.*

Do you speak any languages other than English? Yes No If yes, what language(s)? _____

What is your goal in volunteering with SACA? (mark all that apply)

Giving back to the community Obtaining job skills Meeting other volunteers

Other: _____

2. Emergency Contact(s)

In case of emergency, who should we contact?

Name _____ Relationship _____ Phone # ____-____-____

Name _____ Relationship _____ Phone # ____-____-____

3. Availability/Interest

Do you need hours for any of the following? (mark all that apply)

School Disciplinary community service Other: _____

How many hours? _____ Due date? ____/____/____ Paperwork for us to fill out? Yes No

**Please be prepared to answer more questions when scheduling your hours.*

If you are requesting volunteer hours at SACA for disciplinary community service, why were you ordered to serve the community? _____

Please note: anyone performing disciplinary community service must be open to all assigned duties while at SACA.

(continued on the back)

