

# **VOLUNTEER APPLICATION FORM**

PLEASE RETURN COMPLETED FORM TO

Catarina Lai, Fund Development Department

Email: [catarinal@selfhelpelderly.org](mailto:catarinal@selfhelpelderly.org)

Mail to: 731 Sansome Street, Suite 100, San Francisco, CA 94111



**Self-Help for  
the Elderly**  
安老自助處

## **CONTACT INFORMATION**

Suffix	<i>(Choose One)</i> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.		
Name	<i>(First)</i>		<i>(Last)</i>
Address			
City		State	Zip
Mobile Number			
Email			
Languages Spoken:			

## **EDUCATION / WORK / VOLUNTEER EXPERIENCE**

Employer / School	
Job Title / Area of Study	
Organization you have volunteered before	1. _____ 2. _____ 3. _____
Your Skills	1. _____ 2. _____ 3. _____

## **AVAILABILITY & VOLUNTEER ASSIGNMENT PREFERENCE**

*Please check all that are applicable*

I am available:	<input type="checkbox"/> Weekdays	<input type="checkbox"/> Weekends
	<input type="checkbox"/> Mornings (Mon – Fri)	<input type="checkbox"/> Afternoons (Mon – Fri) <input type="checkbox"/> Evenings (Mon – Fri)
	<input type="checkbox"/> one time only	<input type="checkbox"/> as needed <input type="checkbox"/> Others _____

Thank you for your interest in volunteering at Self-Help for the Elderly!

I would like to volunteer in the below area:

- Clerical Support: mailing, filing & etc.                       Community Centers: food service  
 Program Support: field trips, host games & activities     Chaperone Service for seniors  
 Fund Development / Special Events (weekends)             meals delivery (weekdays)

Service Location:  San Francisco    San Mateo    Millbrae    Daly City    Sunnyvale

**PERSON TO NOTIFY IN CASE OF EMERGENCY**

Name	(First)	(Last)
Address		
City	State	Zip
Mobile Number		
Relationship		

**OTHERS**

Have you ever been convicted of a crime other than a traffic violation?  Yes  No

If yes, what charge? \_\_\_\_\_

Date convicted: \_\_\_\_\_ Where: \_\_\_\_\_

Do you have any physical condition that may limit your activities?  Yes  No

If yes, please describe: \_\_\_\_\_

I learn about Self-Help for the Elderly from:

- Website                       Media (radio, TV, newspaper)                       Presentation / Brochures  
 Employer                       School                       Friends or family  
 Internet / Social Media                       Agency referral: \_\_\_\_\_                       Others: \_\_\_\_\_

What do you hope to achieve from volunteering?

- Fulfill community service requirements                       Help others / the community  
 Stay active                       Meet new friends  
 Develop new skills                       Business contacts  
 Learn about seniors and their needs                       Others: \_\_\_\_\_

Thank you for your interest in volunteering at Self-Help for the Elderly!

**Applicant's Statement**

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied.

Further, I understand that, if selected for a volunteer position, my volunteer assignment will be at will, which means that this relationship is strictly voluntary and my relationship with Self-Help for the Elderly (SHE) may be ended by myself or SHE with or without cause or notice, at any time. I also understand and agree that I am not being offered employment with SHE; any form of compensation; or the promise of any future employment with SHE as a result of completing this volunteer application form or serving as volunteer with SHE.

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Volunteer Signature

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Parent or Guardian Signature  
(if under 18 years old)

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Date

Thank you for your interest in volunteering at Self-Help for the Elderly!