



# LODI HOUSE VOLUNTEER APPLICATION

801 South Washington Street, Lodi, 95240 209.334.6346

Date \_\_\_\_\_

## PERSONAL

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(Name) (Relation) (Phone Number)

Have you ever been convicted of a felony in the last seven years?  YES  No Explain Felony

## VOLUNTEER INTEREST/SKILLS

What area(s) would you like to volunteer?  Enrichment Center  Fundraising  Office  
 Thrift Store  Other \_\_\_\_\_

Have you volunteered for Lodi House before?  YES  No If yes, when and where? \_\_\_\_\_

What days do you prefer to volunteer? (Check all that apply)  Mondays  Tuesdays  Wednesdays  
 Thursdays  Fridays  Saturdays  Sundays  N/A

What times are best for you? \_\_\_\_\_

What best describes your desired volunteer status?  On-going  Temporary  Special Project

What other organizations have you volunteered with? \_\_\_\_\_

Were you invited by someone to volunteer at Lodi House?  YES  No

If yes, who \_\_\_\_\_

Summarize any other special skills interest or qualifications you'd like to share with Lodi House.

\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer at Lodi House?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List three words that describe you? \_\_\_\_\_

REFERENCES			
NAME	RELATIONSHIP	PHONE	EMAIL

SPECIAL FAMILY/GROUP PROJECT			
If you are signing up for a family or group project, please give us the names and ages of those participating.			
NAME	PHONE	EMAIL	AGE

ADDITIONAL NOTES
<p>Please use this space to let us know of any special health concerns, life circumstance or special needs that will help us create the most positive volunteer experience for you.</p> <hr/> <hr/> <hr/> <hr/>

ACKNOWLEDGEMENT
<p>I certify that the answers given by me in this application are correct to the best of my knowledge.</p> <p>Applicant's Signature _____ Date _____</p>