

Oakland Elizabeth House

A Transitional Residence for Women & Children

Volunteer Intake Application

Thank you for your interest in volunteer opportunities with Oakland Elizabeth House. Please return this form to: **Volunteer Coordinator, Oakland Elizabeth House, 6423 Colby Street, Oakland, CA 94618**. If you have any questions, please call us at 510/658.1380 x4. When we receive your application, we will contact you to arrange an on-site interview.

Name _____ Daytime #: _____
Street _____ Evening #: _____
City _____ State _____ Zip _____
Birthdate _____ Email _____

How did you hear about Elizabeth House?

Why do you want to volunteer at Elizabeth House?

Describe other volunteer work you have done:

Describe what you liked or didn't like in past volunteer work:

List any work experience, special skills, gifts or talents you can bring to Elizabeth House:

Are you fluent in a language other than English?

Indicate any concerns you have (including health conditions) that might affect your ability to be an effective volunteer:

Describe your personal hobbies/interests:

Which positions interest you?

| | | |
|------------------------|----------------|----------------------|
| Childwatch or Babysit | Office Work | Food Shopping |
| Tutoring/Homework Help | Overnights | Garden Work |
| Mentoring/Big Buddy | Special Events | Clean/Paint/Fix |
| Field Trips | Disaster Prep | Donation Maintenance |

What commitment can you make?

| | | | | |
|--------------------|-------------|--------|-----------|----------|
| Long-term, ongoing | circle one: | weekly | biweekly | monthly |
| Short-term | circle one: | once | few times | seasonal |
| Group Service Day | circle one: | school | church | work |

What day(s) and time(s) are you available:

| | | | | | | | |
|---------|-----|------|-----------|-----|---------|-----|----------|
| Sun | Mon | Tues | Wed | Thu | Fri | Sat | Flexible |
| Morning | | | Afternoon | | Evening | | Flexible |

Do you have a criminal history?

Circle one: No Yes, explanation optional:

Please give 3 references, only 1 family member if necessary:

Name, relationship, phone number

Additional Comments:

I understand that as a volunteer I am expected to maintain strict confidentiality regarding the names and situations of Oakland Elizabeth House residents. I agree that I will not engage in casual conversation about residents or provide information about residents to others. If I am unsure about disclosing information, I will contact my supervisor.

Your signature: _____ Date _____

Parent's signature (if under 18) _____ Date _____