

Contra Costa County HICAP Volunteer Application

400 Ellinwood Way, Pleasant Hill CA 94523

Ph: 925-602-4160; Fax: 925-602-4178

Volunteer packet:

Date: _____

- Registration form Time Sheet Curriculum Return Policy Auto Insurance Declaration
 Volunteer Contract Conflict of Interest/Confidentiality Statement Oath signed

Name: _____ SSN: _____

Address: _____

Preferred Phone: _____ (Cell phone? Yes/No) Other phone: _____

Email address: _____

Birth date: _____

Emergency Contact: _____
(name) (phone no.) (relationship to you)

Do you drive? Yes/No CDL No. _____

Still working? Yes/No

Employment Background (attach resume if available):

Previous Volunteer Experience:

Why are you interested in volunteering with HICAP?

Skills:

Computer Skills:

Foreign Languages spoken:

Available Days/Hours:

Willing to counsel in East County (e.g., Brentwood, Antioch)? Yes/No

Willing to counsel in West County (e.g., Richmond, El Cerrito)? Yes/No

Willing to counsel over the phone and with drop-ins? Yes/No

REFERENCES NOT RELATED TO YOU:

1. _____

(name)

(email address)

(phone #)

State relationship, such as friend, co-worker, neighbor: _____

2. _____

(name)

(email address)

(phone #)

State relationship, such as friend, co-worker, neighbor: _____