

FOCUS ON THE MASTERS

Together, we will capture history...



Volunteer Application

Date: ___/___/___

Please mail completed application to:

FOTM, Attn: Volunteer Coordinator, 1147 E. Main St., Ventura, CA 93001

Or, FAX to 805/653-2347.

Name: _____ Phone: _____ Fax: _____
Last First MI

Address: _____ City: _____ Zip: _____

Email: _____ Web site: _____

*Birthday (month, day) _____ Availability: ___ Short-term (3 mo. or less) ___ Long term

Days and times available: ___ weekdays ___ am ___ pm weeknights ___ am ___ pm ___ weekends ___ am ___ pm

What are your special skills? ___ typing ___ computer ___ telephone _____ other

Reason for volunteering: ___ community service ___ interest in arts _____ other

Are you bilingual? ___ yes ___ no What languages do you speak? _____ Read? _____ Write? _____

Briefly describe paid work experience: _____

Describe volunteer experience: _____

California Driver's License #: _____ (For security purposes only.)

Emergency Contact Name: _____ Relationship _____ Phone _____

Current Position (check all that apply): ___ employed ___ employed part-time ___ volunteer ___ Senior volunteer
___ retired ___ student ___ homemaker ___ other

Education: ___ High School ___ GED high school equivalent

College or professional school: _____ Degree _____

Have you ever been convicted of a crime other than a minor traffic accident. ___ yes ___ no

If yes, please explain offense: _____

Personal References:

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Phone #: _____

Phone #: _____

Signature of applicant _____

* Optional information.

ExecutiveDirector/C:/FOTM_DG2/Focus/Voluntee/volappl.rtf