

For Office Use:
Date entered _____

Volunteer Information Form

HOME * BASE * HOME Sweet HOME

Contact Information

Full Name: _____
Last *First* *M.I.*

Home Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Cell Phone / Pager: () _____

E-mail Address: _____

Birth Date: _____ Gender: _____

Employment

Profession or Job Title: _____ Employer: _____

Work Address: _____
Street Address *Room / Suite #*

_____ *City* _____ *State* _____ *ZIP Code*

Work Phone: () _____

Interests and Skills

Skills or interests (check all that apply):

<input type="checkbox"/> Carpentry	<input type="checkbox"/> Landscaping/gardening	<input type="checkbox"/> Marketing/publicity
<input type="checkbox"/> Electrical	<input type="checkbox"/> Technology	<input type="checkbox"/> Event planning
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Office management	<input type="checkbox"/> Cooking/food preparation
<input type="checkbox"/> Painting	<input type="checkbox"/> Fund raising	<input type="checkbox"/> Driving
<input type="checkbox"/> Arts	<input type="checkbox"/> Sports / physical activity	<input type="checkbox"/> Music / recording studio
<input type="checkbox"/> Photography	<input type="checkbox"/> Video / editing	<input type="checkbox"/> Childcare / child development
<input type="checkbox"/> Foreign language _____	<input type="checkbox"/> Other _____	

I am willing to help (check all that apply):

<input type="checkbox"/> Carpool	<input type="checkbox"/> Chaperone an event	<input type="checkbox"/> Judge for a panel presentation
<input type="checkbox"/> Construction work	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Office work	<input type="checkbox"/> Translation	<input type="checkbox"/> Other _____

How did you learn about us?

Source of information (check all that apply):

<input type="checkbox"/> Newspaper
<input type="checkbox"/> Radio/TV
<input type="checkbox"/> Internet
<input type="checkbox"/> Community bulletin board
<input type="checkbox"/> Friend or co-worker: _____
<input type="checkbox"/> Another community organization: _____
<input type="checkbox"/> Other _____

In case of emergency, please contact:

Full Name: _____
Last *First* *M.I.*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Health History and Emergency Medical Authorization

Allergies: _____

Medical Conditions: _____

I hereby give permission to HOME/BASE/HOME Sweet HOME to authorize emergency medical or surgical treatment for me.

Insurance Provider: _____ Insurance ID Number: _____

Signature: _____ Date: _____

Audio Visual Release form

I hereby give to Alternatives in Action, Inc. (AIA), sponsor of HOME, BASE and HOME Sweet HOME (HOME/BASE), permission to use audio/video recordings of my image and voice made in the course of my participation in their programs or events. Such use may be in any manner or form, for any lawful purpose, at any time. The rights herein granted include the right to edit any of my statements or comments and portions of the same in any such manner as AIA and HOME/BASE may determine. All portions of the production and juxtapositions of audio/video recordings and other material shall be at the discretion of AIA and HOME/BASE. Further, AIA and HOME/BASE shall have the right to distribute, exhibit or otherwise use this material in whole or in part and in any medium, by means of television, video recording, or otherwise. I hereby release and discharge AIA and HOME/BASE from any and all liability arising out of any injury of any kind that may be sustained by me from participating in or in connection with making or utilization of the material.

Signature: _____ Date: _____

Additional Parent/Guardian Information

If you are the parent or legal guardian of a child or youth in HOME, BASE or HOME Sweet HOME, please complete the following:

Child/youth name: _____

Program: HOME Project Bay Area School of Enterprise HOME Sweet HOME

Child/youth name: _____

Program: HOME Project Bay Area School of Enterprise HOME Sweet HOME

Optional Demographic Information

For some reports to funders and government agencies we are asked to provide the following information about our volunteers. We also use this information to recruit a diverse group of community members for our events. *Providing this information is entirely optional.*

Highest educational degree completed (check all that apply): High school Technical program Associate's degree Bachelor's degree Post-graduate degree Social services (check all that apply): Children eligible for free/reduced price meals CalWorks Alameda Point Collaborative resident

Race/ethnicity (CHECK ONE ONLY): American Indian or Alaska Native Asian Pacific Islander White not Hispanic Decline to state Filipino Hispanic or Latino African American not Hispanic Multiple Other _____

