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## VOLUNTEER APPLICATION

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ CONTACT PHONE \_\_\_\_\_

### GENERAL INFORMATION

How did you hear about The Children's Cabinet? \_\_\_\_\_

Please list volunteer experience: \_\_\_\_\_

### VOLUNTEER OPPORTUNITIES

Please check all areas of interest:

- General Office:** filing, data-entry, assisting with mailings, preparing information packets, etc.
- Program:** food pantry, street outreach, deliveries, shopping, tutoring, translating .  
Specific Interest \_\_\_\_\_
- Content workshop:** teach business or life skills; share a hobby. Ideas? \_\_\_\_\_
- Special Events:** Set-up, clean-up, and other. (Balloon Races, Adopt a Family, Art of Childhood Gala)
- Group Volunteering:** donation drives (food, diapers, basic needs, socks, books, hygiene kits).
- Maintenance (indoors and outdoors):** organizing donation closets and storage; weeding, landscape and parking lot maintenance; indoor cleaning; painting and light maintenance/repairs.
- Deliveries:** of furniture and also food and other donations, especially at the holidays.

**INTERNSHIP FOR SCHOOL CREDIT**

I attend (name school) \_\_\_\_\_

I am required to do an internship with a **non-profit organization**. Additional requirements:

I must complete # **hours** \_\_\_\_\_ **By** (date) \_\_\_\_\_

**COMMUNITY SERVICE**

I must report to the following court \_\_\_\_\_ and Judge (please name)

I must complete # **hours** \_\_\_\_\_. I must complete this service **by** (date) \_\_\_\_\_.

**AVAILABILITY**

**Please indicate days available:**

	Mon	Tues	Wed	Thur	Fri	Sat
<b>Times Available:</b>	from	_____	to	_____		

**Long-term volunteering:**  Weekly  Monthly  Quarterly

**Short-term volunteering:** From \_\_\_\_\_ to \_\_\_\_\_ or # of hours \_\_\_\_\_

**REFERENCE INFORMATION**

Have you ever been convicted of a felony or misdemeanor (other than a traffic violation)?

YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain \_\_\_\_\_

**Please list two references (employers, teachers, etc.) who have known you for at least 3 years:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements I have made on this application as may be necessary for reaching decision for my volunteering with the Children's Cabinet.

In the event I am accepted as a volunteer with the Children's Cabinet, I understand that any false or misleading information I knowingly provide in my application and/or interviews(s) may result in discharge and/or legal action. I understand also that if I volunteer with the Children's Cabinet I am required to abide by all the rules and regulations as specified by the Volunteer Handbook.

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Signature of Applicant

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Date