



1090 SOUTH ROCK BLVD.
RENO NV 89502
(775) 856-6200

Contact: Jennifer Zimmerman
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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

Times Available: 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.

Signature of Applicant

Date