

**VOLUNTEER PROFILE – PAGE TWO**

**DRIVING INFORMATION**

If you are volunteering for a position that requires driving, SNMHF requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?

Yes \_\_\_\_\_ No \_\_\_\_\_

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to SNMHF so that they can be filed with this application.

I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREAS** (our Volunteer handbook includes details about all events and volunteer positions):

**EVENTS & CAMPAIGNS**

- \_\_\_\_ Ambassador Program
- \_\_\_\_ Team Leader/Chair of an individual campaign event (2010 Campaigns TBA)
- \_\_\_\_ Annual Meeting (1/20/2010; held yearly)
- \_\_\_\_ Golf Tournament (6/7/2010; held yearly)
- \_\_\_\_ Starry, Starry Nights (7/17/2010; held yearly)
- \_\_\_\_ BSM Triathlon (9/19/2010; held yearly)
- \_\_\_\_ Martini's & a Movie (9/28/2010; held yearly)
- \_\_\_\_ Sierra Silver Ball (11/6/2010; held yearly)
- \_\_\_\_ any new fundraising event

**ACTIVITIES I AM INTERESTED IN**

- \_\_\_\_ Office assistance (mailings, computer input)
- \_\_\_\_ Hand addressing invitations, cards
- \_\_\_\_ Event decorations; construction, sewing
- (I am good at: \_\_\_\_\_)
- \_\_\_\_ Event committee member (includes sponsorship solicitations)
- \_\_\_\_ Event set-up & clean-up
- \_\_\_\_ Event food/beverage serving/plating
- \_\_\_\_ Event registration
- \_\_\_\_ Event raffle sales

**We will contact you by email (preferably) or phone about the events and activities you have noted. If you would like us to let you know about new event or project volunteer opportunities that arise, please check this box . There is no need to reply to our notices unless you are able to help for that particular activity.**

For more information and a downloadable copy of the Volunteer Handbook, visit the Foundation website:

[www.supportsierranevada.org](http://www.supportsierranevada.org) or email [epersa@snmhf.com](mailto:epersa@snmhf.com)

**SNMH FOUNDATION**  
**140 LITTON DRIVE, SUITE 220, GRASS VALLEY, CA 95945**  
**(530) 477-9700 (PHONE) 477-9300 (FAX)**



Sierra Nevada Memorial  
Hospital Foundation

# Volunteer Profile

All Information in this document is confidential.

## VOLUNTEER INFORMATION

Name/Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
(Use legal name)

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Male / Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Physical Limitations \_\_\_\_\_  
(Circle One) (Month/Day) (Be specific; if none, write none)

Email Address: \_\_\_\_\_

## VOLUNTEER EXPERIENCE

Interests, Skills, Hobbies \_\_\_\_\_

Clubs, Organizations you belong to \_\_\_\_\_

Have you volunteered before? Yes  No  Organization(s) \_\_\_\_\_

Describe the work \_\_\_\_\_

Your availability:

Hours per week/month \_\_\_\_\_ Preferred Days \_\_\_\_\_ Check here if no specific preference  
(specify) and to be notified of all volunteer opportunities

**EMPLOYMENT HISTORY** - IF YOU CARE TO SHARE ANY BACKGROUND/CAREER EXPERIENCES WHICH MAY BE PERTINENT TO VOLUNTEERING FOR SNMHF, PLEASE DO:

\_\_\_\_\_  
\_\_\_\_\_

## IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone ( ) \_\_\_\_\_

Please continue on reverse.