



Sierra Nevada Memorial
Hospital Foundation

2012 Volunteer Profile

All Information in this document is confidential.
This form is required by the Foundation insurance
carriers for all volunteers/events.

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.

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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 (see the SNMHF website for more information on this program)
- ____ Team Leader/Chair of an individual campaign event (2012 Campaigns TBA)
- ____ Comfort Cuisine (various dates throughout the year)
- ____ Annual Meeting (1/18/2012)
- ____ Golf Tournament (6/4/2012)
- ____ Starry, Starry Nights (7/21/2012)
- ____ Poker Run (Spring 2012)
- ____ Sierra Starr/Chef's Challenge (TBD)
- ____ BSM Triathlon (9/16/2012)
- ____ Fall Formal Event (Nov. 2012)
- ____ 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/drink ticket & 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:

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