



*Please complete both sides of the
TVH Volunteer Application and mail it to:*

Tri-Valley Haven
Attn: Coordinator of Volunteers
P.O. Box 2190
Livermore, CA 94551

VOLUNTEER APPLICATION

(PLEASE PRINT CLEARLY)

Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

Emergency Contact Name & Number _____

I am 21 years of age or older. YES NO

VOLUNTEER AREA OF INTEREST:

CRISIS LINE _____	FOOD PANTRY _____
ADVOCATE _____	SPECIAL EVENTS _____
LEGAL CLINIC _____	OFFICE WORK _____
CHILDCARE _____	THRIFT STORE _____

DO YOU FLUENTLY SPEAK ANY LANGUAGES OTHER THAN ENGLISH?
IF YES, WHICH ONES?

WORK & VOLUNTEER EXPERIENCE:
(past five years)

EDUCATION:
(include level and relevant courses studied)

HAVE YOU EVER RECEIVED, ARE RECEIVING, OR PLAN TO RECEIVE COUNSELING OR OTHER SERVICES FROM TRI-VALLEY HAVEN?
(Due to a conflict of interest, our policy states that TVH clients may not volunteer while they are receiving TVH services. Any TVH client must wait two years before volunteering.)

HOW DID YOU BECOME INTERESTED IN VOLUNTEERING FOR TVH?

WHAT STRENGTHS CAN YOU BRING AS A VOLUNTEER?

WHAT ARE YOUR WEAKNESSES? (things you would like to work on?)

HOBBIES & INTERESTS:

NAMES AND PHONE NUMBERS OF 3 REFERENCES: (1 business, if employed)

1. _____

2. _____

3. _____

WHEN ARE YOU AVAILABLE TO VOLUNTEER? TIME PREFERENCES?

SHIFTS	MON	TUES	WED	THUR	FRI	SAT	SUN
MORNING	_____	_____	_____	_____	_____	_____	_____
AFTERNOON	_____	_____	_____	_____	_____	_____	_____
EVENING	_____	_____	_____	_____	_____	_____	_____