



*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:**

<b>CRISIS LINE</b> _____	<b>FOOD PANTRY</b> _____
<b>ADVOCATE</b> _____	<b>SPECIAL EVENTS</b> _____
<b>LEGAL CLINIC</b> _____	<b>OFFICE WORK</b> _____
<b>CHILDCARE</b> _____	

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)

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

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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.)*

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HOW DID YOU BECOME INTERESTED IN VOLUNTEERING FOR TVH?

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WHAT STRENGTHS CAN YOU BRING AS A VOLUNTEER?

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

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HOBBIES & INTERESTS:

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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WHEN ARE YOU AVAILABLE TO VOLUNTEER? TIME PREFERENCES?

<b>SHIFTS</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THUR</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
MORNING	_____	_____	_____	_____	_____	_____	_____
AFTERNOON	_____	_____	_____	_____	_____	_____	_____
EVENING	_____	_____	_____	_____	_____	_____	_____