

VOLUNTEER INQUIRY FORM

Instructions: Completed forms to be submitted to the Volunteer Coordinator Andrew Hayes at AHayes@cei.elders.org

Date: _____

Name: _____

Email: _____

City: _____

Phone: _____

Occupation/Area of Study: _____

Previous Volunteer Experience: _____

Languages Spoken: _____

Other Skills: _____

Reason for volunteering? _____

How did you hear about us? _____

AVAILABILITY:

	Mon	Tue	Wed	Thu	Fri
AM 9-12					
PM 12-3					

Requested Center (Check all that apply):

Berkeley
 JBC Eastmont Center
 17th Oakland
 San Leandro
 El Sobrante
 Main Office

PLEASE CHECK AREA(S) OF INTEREST:

- | | | |
|---------------------------------------------------|----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> One to one companionship | <input type="checkbox"/> Clerical assistance | <input type="checkbox"/> Health Education |
| <input type="checkbox"/> Community Outings | <input type="checkbox"/> English Practice | <input type="checkbox"/> Religious Studies |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Technology | Other (please specify): |
| <input type="checkbox"/> Music | <input type="checkbox"/> Meal Service | |
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Table Games | |