



Community Volunteer Application

All qualified volunteer applicants will receive consideration for employment without regard to race, national origin, gender, age, religion, disability, sexual orientation, veteran status, or marital status, or other category protected by law.

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Please print clearly and complete entire application, and sign where indicated. To be eligible for most volunteer opportunities you will be requested to have a background check. All volunteers working with patients, participants or with the public on behalf of Collabria Care are also required to have a COVID - 19 Vaccine.

Personal Information

Your Name	Last	First:	MI:
Present Address	No. & Street City State Zip		
Permanent Address (if different)	No. & Street City State Zip		
Home Phone		Cell Phone	
Email Address			

Volunteer Opportunity Information

Check all that apply:

Current Opportunity(s) for which you are interested:			
Type of Position:	<input type="checkbox"/> Adult Day Program	<input type="checkbox"/> Front Desk /General Office	<input type="checkbox"/> Hospice Care
<input type="checkbox"/> Up Valley Village	<input type="checkbox"/> La Boheme	<input type="checkbox"/> Act 2	<input type="checkbox"/> Other:
Do you have adequate means of transportation to travel to volunteer opportunities at Collabria Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever worked for Napa Valley Hospice & ADS or Collabria Care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: In what capacity?	

Please indicate days/hours when you are available to work:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Referral Source

How did you hear about the Collabria volunteer opportunities?

Website Newspaper Friend Other : ____

Other Personal Information

Do you have any friends or relatives who work for Collabria Care or are participants or patients in our programs?

Yes No If yes, state name(s) and relationship to work/programs:

Name:	Relationship:
Name:	Relationship:



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<input type="checkbox"/> Yes	Are you at least 16 years old?
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	Have you ever been convicted of a criminal offense (felony or serious misdemeanor)?
<input type="checkbox"/> No	If yes, state nature of the crime(s), when and where convicted, and disposition of case: _____

Talents, Skills and Abilities

Please tell us about yourself and any experience, training or qualifications including languages other than English spoken fluently:

Additional Volunteer and Life Experience

What previous life experience or volunteer experience have you had in relation to working with the elderly, people with dementia, Alzheimer’s disease, chronic illness? Have you had retail/thrift store experience?

Signature

Please Read Carefully and Sign Below:

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application shall be grounds for rejection of this application.	
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Applicant’s Signature

Date