



# Volunteer Enrollment Form

Connecting Volunteers with "Know How" to Nonprofits in Need

|                              |   |      |
|------------------------------|---|------|
| First Name:                  | Last Name:  |      |
| Street Address:              |   |      |
| City:                        | State:  | Zip: |
| Best Phone # to Call: (    ) | Birth date:    /    /   |      |
| E-Mail Address:              | Gender: <input type="checkbox"/> F <input type="checkbox"/> M |      |

|   |                                  |
|---|----------------------------------|
| Emergency Contact:                                    | Telephone: (    )                |
| Beneficiary Name for Supplemental Accident Insurance: |                                  |
| Relationship:   | Telephone: (    )                |
| Street Address:                                       |                                  |
| City:   | State:                      Zip: |

**This information is requested for our government grant.**

|   |   |                                |                                   |  |
|---|---|--------------------------------|-----------------------------------|--|
| <i>Ethnicity:</i><br>(Check one)  | <input type="checkbox"/> White                    | <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Hawaiian / Pacific Islander |
| <input type="checkbox"/> American Indian / Alaskan Native   | <input type="checkbox"/> Black / African American |                                | <input type="checkbox"/> Other    |  |
| Do you consider yourself to be a person with disabilities? Yes <input type="checkbox"/> No <input type="checkbox"/> |   |                                |                                   |  |

**Employment and Skills**

Are you currently employed? Yes  No  If Yes, Employer Name: \_\_\_\_\_

Title: \_\_\_\_\_ Function/Major Responsibilities: \_\_\_\_\_

**Previous Employment:**

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Function/Major Responsibilities: \_\_\_\_\_

Company Name: \_\_\_\_\_ Title: \_\_\_\_\_

Function/Major Responsibilities: \_\_\_\_\_

**Please submit your resume along with this enrollment form and provide us with 2 references.**

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reference Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please check the skill sets that apply to you.**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accounting             | <input type="checkbox"/> Counseling/Mentor          | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Administrative         | <input type="checkbox"/> Database Management        | <input type="checkbox"/> Medical/Healthcare         |
| <input type="checkbox"/> Advocacy               | <input type="checkbox"/> Develop Methods/Procedures | <input type="checkbox"/> Process Technology         |
| <input type="checkbox"/> Analytic               | <input type="checkbox"/> Engineering/Science        | <input type="checkbox"/> Project Management         |
| <input type="checkbox"/> Architecture           | <input type="checkbox"/> Event Planning             | <input type="checkbox"/> Public Speaking            |
| <input type="checkbox"/> Budgeting/Financial    | <input type="checkbox"/> Fundraising                | <input type="checkbox"/> Training/Education         |
| <input type="checkbox"/> Board Member           | <input type="checkbox"/> Grant Writing              | <input type="checkbox"/> Strategic Planning         |
| <input type="checkbox"/> Communications/Writing | <input type="checkbox"/> Graphic Design             | <input type="checkbox"/> Web Development            |
| <input type="checkbox"/> Construction           | <input type="checkbox"/> Legal                      | <input type="checkbox"/> Other: _____               |

**How did you hear about the Know How Network?**

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**Please share how you see yourself applying your skills in a volunteer setting.**

(Examples of projects include: Creating/updating marketing materials, designing/updating websites, developing board member recruitment packages, writing job descriptions, conducting research, and developing a donor database).

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**Are there any specific nonprofit issues or service areas that are of particular interest (i.e. homelessness, hunger, or children/youth services)?** \_\_\_\_\_

**Tell us about any prior volunteer service (organization, duties).**

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**What is your present availability?**

Days available: Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Total Hours Per week available: \_\_\_\_\_ Preferred Hours: \_\_\_\_\_

Over what length of time can you presently commit to a project: 2 mo.  3 mo.  6+ mos.

What is the maximum distance you wish to travel? \_\_\_\_\_

Do you plan to claim mileage reimbursement? Yes  No

Please note: Reimbursement is calculated at the rate of \$.21 per mile-- maximum reimbursement for travel is \$10 per month and subject to availability of funds. Reimbursement is made quarterly and requires completion of a reimbursement form that must be signed by the volunteer and the non profit agency manager. Reimbursement is not provided for travel associated with the work done as a volunteer but for travel to and from the volunteer's home and nonprofit agency.

**Agreement required for all Know How Network volunteers.**

I understand that, if I use my personal automobile to and from my volunteer work station, I will keep a current drivers license and auto liability insurance equal to, or greater than the minimum required by the State of California.

\_\_\_\_\_  
**Signature of Volunteer (typed name OK)**

\_\_\_\_\_  
**Date**

**To fill out this form electronically, you will need to use Adobe Reader 8 or higher. First, save the form on your computer before you begin typing. Fill out the form and then resave it before sending. We accept forms via email, fax or mail.**

**Contact Information:**

Carol Ann Barber & Alissa Fencsik, Program Managers

Tel: 925-472-5777, 925-472-5769

Fax: 925-472-5780

Email: [cabarber@helpnow.org](mailto:cabarber@helpnow.org) or [afencsik@helpnow.org](mailto:afencsik@helpnow.org)

Volunteer Center of the East Bay

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