

Date interviewed: _____ Interviewed by: _____

Volunteer Application Form

Name:

First name *Last name*

Address:

Street address

City *State* *Zip*

Contact
Information:

Cell phone *Email address*

Emergency
Contact:

Name *Phone number(s)*

Education:

Level completed *Degree (if any)*

Are you a licensed driver? YES NO If yes, what state?

Do you have liability insurance? YES NO Are you able to help with transportation? YES NO

Do you speak a foreign language? YES NO Which language(s), at what level?

What types of volunteer activities are you interested in doing at Crossroads?

Please specify any medical/physical limitations:

Your availability (circle all that apply):

Monday AM Tuesday AM Wednesday AM Thursday AM Friday AM

Monday PM Tuesday PM Wednesday PM Thursday PM Friday PM

I hereby authorize Crossroads for Women and its designees to perform background checks and/or personal reference checks related to this application.

Signature

Date

Submit this completed application in person, by fax, by mail, or by email to:

Dalilah Naranjo
Community Engagement
Coordinator
dalilahharanjo@crossroads.org

PARKING: Please park in either of the two lots designated for Crossroads. There is one lot immediately East of our building (enter from Tijeras Avenue) and a second lot North of the building (accessible only from Marquette Avenue, between 8th Street and Keleher Avenue).