
Please list three references (not related to you) who have known you for five years or more.

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

3. Name: _____ Telephone: _____

Address: _____

Please describe your educational background, including any degrees or diplomas awarded and the name(s) of institutions attended: _____

Please describe any relevant experience you have: _____

Are you able to speak or write any languages other than English? Yes No

If yes, please describe: _____

What types of volunteer opportunities are you most interested in? (please check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> Share Your Holiday (Seasonal) | <input type="checkbox"/> Thrift Shop Helper | <input type="checkbox"/> Donations Assistant |
| <input type="checkbox"/> Assistant Merchandiser | <input type="checkbox"/> Cashier's Assistant | <input type="checkbox"/> Postal Food Drive (Seasonal) |
| <input type="checkbox"/> S.D. Food Bank (Seasonal) | <input type="checkbox"/> Volunteer relations | <input type="checkbox"/> Translation/languages |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Website design | <input type="checkbox"/> Graphic design |
| <input type="checkbox"/> Other (please describe): _____ | | |

Please indicate when you are available to start volunteering for RFCC?: _____

Please indicate your approximate days and hours of availability.

Days: MON TUE WED THU FRI SAT SUN

Hour/day _____

If your schedule is flexible, please indicate the total number of hours you would be available to volunteer:

Number of hours per week: _____ **OR** Number of hours per day: _____

Please use this space to tell us anything else you feel we should know, or might be helpful to know, about you: _____

Please date, print your name and sign your name below, and understand that by doing so you are:

- Certifying that all statements made in this application are true;
- Authorizing RFCC or its designee to investigate all matters contained in this application;
- Acknowledging that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement;
- Acknowledging that all personal information provided in this application will be kept confidential.

DATED: _____

Sign Here: _____

Print Name Here: _____

PARENT OR LEGAL GUARDIAN (OF VOLUNTEERS UNDER 18 YEARS OF AGE)

As a parent or legal guardian of the above named volunteer, I hereby give my consent to allow my child/ward to perform volunteer services for RFCC as described within the Volunteer Application and Agreement.

Date: _____ Parent or Legal Guardian: _____

Type or Print Name: _____

Please submit your completed application, via mail, fax or email, to:

Ramona Food & Clothes Closet Inc.

773 Main Street
San Diego, California 92065
Phone/Fax: (760) 789-4458

Attention: Volunteer Coordinator

Facsimile: (760) 789-4458

Email: deeann.rfcc@hotmail.com

For Office Use Only

Date received: _____ Application complete: Yes No

References checked by _____ on _____ Approve Deny

