



Volunteer Resources Form

Mail to Hands of Hope, P O Box 88, Yuba City, CA 95992. **Put completed forms in Volunteer Coordinator's inbox.** ph: 755-3491, email ychandsofhope@sbcglobal.net

*Please note: At present, all volunteers working **in the center** must be able to pass a background check and attend our Child Abuse Prevention training. To pass the background check, one must not have been convicted of a felony. However, as you can see below, there are many ways in which you can serve Hands of Hope families. Please continue to fill out the form, and check here if you would like a confidential phone call regarding your concerns about background checks.*

Date _____

Mr. Mrs. Ms. Dr. First Name _____ Last Name _____

Use preferred mailing address, phone numbers, and e-mail

Business Name _____

Street or p.o. box _____

City, State, Zip _____

Is this address your _____ home _____ place of work _____ other

Daytime phone _____ Evening phone _____ Other phone _____

Email address _____

Other address

Business Name _____

Street _____

City, State, Zip _____

Is this address your _____ home _____ place of work _____ other

Emergency Contact

Name _____ Phone _____ Relationship _____

Check the areas in which you would like to volunteer:

- | | | |
|---|--|--|
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Computer skills | <input type="checkbox"/> Compassionate listening |
| <input type="checkbox"/> Front desk | <input type="checkbox"/> Fetch, carry, haul, errands | <input type="checkbox"/> Clothes closet |
| <input type="checkbox"/> Team Resources | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Other, please describe below |
| <input type="checkbox"/> Service Coordinator | <input type="checkbox"/> Fundraising | <input type="checkbox"/> FAMILY WINTER SHELTER PROJECT |
| <input type="checkbox"/> Play area supervisor/tutor | | |
| <input type="checkbox"/> Phoning volunteers | <input type="checkbox"/> Translation | Language(s) _____ |

Do you have other skills or interest you think might serve Hands of Hope guests?

Please indicate limitations or concerns about volunteering in the above areas

- Mail or deliver the Volunteer Resources form to Hands of Hope.
- Take the directions for background check and 2 copies of the original Request for Live Scan service with you to get fingerprinted.
- Attend the next Child Abuse Prevention Training, take and return the short quiz. Call 755-3491 for training schedule.
- Wait for notice from the Center that you are cleared to work in the Center.
- Call us if you haven't heard from us within 45 days.