



## Sierra Nevada Memorial Hospital Foundation

### 2026 VOLUNTEER INFORMATION SHEET

We are honored by the generous participation of our volunteers who, through their time, talent, leadership, commitment and passion, enable us to better serve the healthcare needs of our community.

All information in this form will remain confidential and is for internal use only. This form is required by the SNMHF insurance providers for each volunteer at each event or project.

Name		Date:	
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[Use legal name]

Address		Apt. #	
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City		State	CA	Zip	
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Primary Phone Cell/Home?		Work Phone	
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Date of Birth		Physical Limitations	
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Email Address:	
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**How did you hear about SNMHF? Why are you interested in volunteering with us?**

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**VOLUNTEER EXPERIENCE (optional)**

<b>Interests, Skills, Hobbies</b>	
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<b>Clubs, Organizations Member? Which One[s]?</b>	
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<b>Have you volunteered before?</b>	<b>Yes</b>	<b>No</b>	<b>Organization(s) You Helped?</b>
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<b>Describe your past volunteer work</b>
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Your availability:

Hours/week: \_\_\_\_\_

In Case of Emergency Contact

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

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

**I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREAS /ACTIVITIES I AM INTERESTED IN:**

- Martinis and a Movie
- Event committee member
- Event committee chair

**Volunteer Assignments for Events**

- Event decor: construction, lighting, sewing, etc.
- Soliciting event sponsorships
- Event set-up  Event clean-up

**Starry, Starry Nights [High Priority/food team]**

**SNMH Golf Tournament [Volunteers who golf]**

- Event food/beverage serving/plating
- Procure donated items for silent auctions and raffles
- Event silent auction and raffle assistance
- Hand address invitations, cards

**Please contact me on ALL volunteer opportunities**

**Other SNMH Foundation volunteer needs**

- Comfort Cuisine [Must have culinary experience]
- Office assistance [Mailings, stuffing, stamping, etc]

Are you able to use your automobile if the volunteer position requires one? Y/N/NA \_\_\_\_ (If you indicated "Y", please fill out the section on the following page and include a copy of your valid drivers license and proof of insurance along with this application.

Insurance Carrier	Policy #
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Driver License # State of Issue Exp. Date	
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**As a volunteer, I will immediately notify SNMHF if my driver license is restricted, suspended, revoked or expired.**

Signature of Applicant		Date	
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**SNMH Foundation  
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