



Sierra Nevada Memorial Hospital Foundation

2017 VOLUNTEER INFORMATION

Name/Last _____ First _____ Date: _____
(Use legal name)

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Male / Female _____ Date of Birth _____ Physical Limitations _____
(Circle One) (Month/Day) (Be specific; if none, write none)

Email Address: _____

VOLUNTEER EXPERIENCE (optional)

Interests, Skills, Hobbies _____

Clubs, Organizations you belong to _____

Have you volunteered before? Yes No Organization(s) _____

Describe the work _____

Your availability:

Hours per week/month _____ Preferred Days _____ Check here if no specific preference
(Specify) and to be notified of all volunteer opportunities

HOW DID YOU HEAR ABOUT SNMHF? Why are you interested in Volunteering with us?

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship _____ Day Phone () _____

2) Name _____ Relationship _____ Day Phone () _____

*All Information in this document is confidential.
This form is required by the SNMH Foundation insurance carriers for all volunteers/events.*

(over)

VOLUNTEER PROFILE – PAGE TWO
DRIVING INFORMATION

If you are volunteering for a position that requires driving (i.e., transporting food or decorations) please complete this section as SNMHF requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one? Yes ___ No _____

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to SNMHF so that they can be filed with this application.
I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier _____ Policy # _____

Driver's License # _____ State of Issue _____ Expiration Date _____

Signature of Applicant _____ Date _____

I WOULD LIKE TO VOLUNTEER IN THE FOLLOWING AREAS:

EVENTS & ACTIVITIES

___ Ambassador Program (For more information, please visit the "Giving to the Foundation/Ways to give" page at www.supportsierranevada.org)

___ Comfort Cuisine (various Tuesdays throughout the year)

___ Donor /Awards Reception (2017 – spring)

___ Martinis and a Movie (3/29/2017)

___ SNMH Golf Tournament (6/5/2017)

___ Starry, Starry Nights (7/15/2017)

___ Fall Formal (11/4/2017)

___ Please contact me on **ALL** volunteer opportunities.

ACTIVITIES I AM INTERESTED IN

___ Office assistance (office work, computer input)

___ Direct Mail (stuffing, sealing, stamping, etc.)

___ Hand address invitations, cards

___ Event decorations; construction, sewing, etc.

(I am good at : _____)

___ Event committee member

___ Event sponsorship

___ Event set-up & clean-up

___ Event food/beverage serving/plating

___ Event silent auction and raffle assistance (set-up displays, picking up/delivering items)

___ Post Event clean-up (organize event decorations/assist with inventory, etc.)

___ Please contact me on **ALL** volunteer opportunities.

Would you prefer to be contacted by email or phone? _____

Please note: There is no need to reply to our notices unless you are able to help for that particular activity.

SNMH FOUNDATION, ATTN: JENNIFER WEIR
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(530) 477-9700 (PHONE); (530) 477-9300 (FAX)