

Yolo Wayfarer Center Christian Mission

Mailing Address: PO BOX 1248 · Woodland · CA · 95695 Phone: 530-661-1218 Fax: 530-661-2494

Volunteer Application

Date Received: _____

Name: _____
Last First Middle Initial

Address: _____
Street City State Zip code

Contact Phone: _____ Message Phone: _____

Email: _____ Do you speak another language fluently? _____

Emergency Contact: _____
Name Phone

Have you ever been **CONVICTED** of a violent or sexual offense? Yes No

Is your community service being required by the Court/Public Defender/DA/Other? Yes No

If yes, how many community service hours do you need to complete? _____

Do you have a specific gift or talent you hope to utilize in this service opportunity? _____

What is your availability: Mon _____ Tues _____ Weds _____ Thurs _____ Fri _____ Sat _____ Sun _____
Hrs Hrs Hrs Hrs Hrs Hrs Hrs

Why are you interested in volunteering for the Yolo Wayfarer Center? _____

What past experiences and skills do you have that you can apply in this position? _____

How did you hear about Volunteer opportunities at Wayfarer? _____

With the following signature, I certify that all information in this application is true and correct to the best of my knowledge.

Applicant Signature

Application Date