



Congratulations, this is your first step to becoming a WEAVE Volunteer. This application helps us get to know you and is a chance for you to let us know what you wish to achieve through volunteering. After completing our Introduction to WEAVE Training we will work with you to determine the best fit for your time and talents.

Team WEAVE Volunteer Application

Please complete ALL of this application and return to:

WEAVE, 1900 K Street, Sacramento, CA 95811 Attn: Volunteer Coordinator

Name: _____ Date of Application: ____/____/____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

Occupation: _____ Employer: _____

☐ Please add me to your mailing list

What is your preferred method of contact: Email ☐ Phone ☐

Are you 18 years of age? Yes ☐ No ☐ Please provide your Date of Birth: ____/____/____

EMPLOYMENT HISTORY

Name of current employer _____ Phone (____) _____

Job Title _____ Date Employment Began _____

Address _____

Does your employer have a corporate volunteerism program? Yes ☐ No ☐ Unsure ☐

Does your employer offer matching gifts for donations to nonprofits? Yes ☐ No ☐ Unsure ☐

Tell us about you:

1) How did you hear about WEAVE? _____

2) Why do you want to volunteer with WEAVE? _____

3) Do you have any special talents or hobbies, such as photography or desktop publishing, you would be willing to share as the need arises? _____

4) Are you, or someone close to you, a survivor of domestic violence or sexual assault?

Yes ☐ No ☐

If yes, please explain: _____

5) Have you ever received services from WEAVE? Yes ☐ No ☐

If yes, please explain? _____

6) Have you previously been employed at/volunteered with WEAVE?

Volunteer ☐ Employee ☐ N/A ☐

REFERENCES

Please list two people who are not related to you and whom you have known for a minimum of one year.

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship _____ Phone (____) _____

2) Name _____ Relationship _____ Phone (____) _____

Are you able and willing to drive as part of your volunteering? (i.e., picking up donations) Yes ☐ No ☐

Are you willing to complete a background check as a condition of volunteering? Yes ☐ No ☐

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? Yes ☐ No ☐ If yes, please explain below.

(Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to volunteer responsibilities.)

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to conduct driver license and motor vehicle record checks as needed and authorized, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant _____ Date _____

WEAVE, Inc. acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to ethnicity, race, color, age, religion, national origin, disability, sexual identity, sex, or relationship status.

Thank you for your interest in volunteering with WEAVE!

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to WEAVE, Inc. I also give WEAVE, Inc. my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

Please help us determine if we are meeting the diverse needs of our community by completing the following **optional** information:

Age: _____ Sex: Male / Female

Languages spoken fluently (other than English): _____

Ethnicity:

- | | | |
|---|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Hispanic/Latina(o) | <input type="checkbox"/> Native Hawaiian/ |
| <input type="checkbox"/> Multi-Ethnic | <input type="checkbox"/> Other Ethnicity (please specify): _____ | Other Pacific Islander |
| <input type="checkbox"/> Decline to Specify | _____ | |
| <input type="checkbox"/> Decline to answer | | |