



SENIOR GLEANERS SAN DIEGO COUNTY

1363 Somermont Drive El Cajon, Ca 92021

Phone: 619-633-9180 Email: SDGleaners@aol.com

Facebook: Senior Gleaners San Diego County

Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

Weekday	Weekend
<input type="checkbox"/> mornings	<input type="checkbox"/> mornings
<input type="checkbox"/> afternoons	<input type="checkbox"/> afternoons
<input type="checkbox"/> evenings	<input type="checkbox"/> evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration (report preparation, phone calls, data collection, filing, etc.)
- Events
- Field work
- Fundraising
- Deliveries
- Phone bank
- Newsletter production
- Volunteer coordination

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

Please read before signing:

1. (Please initial)

I agree to hold blameless and absolve from all liabilities Senior Gleaners of San Diego County for any illness injury or other loss resulting from the functions of this group. Each member is responsible for their own liability insurance, and is required to apply for the RSVP supplemental Insurance described below.

2. (Please initial)

I agree that any commodities I take will be for the personal consumption of myself and my family and will never be sold or bartered

3. (Please initial)

I hereby also make complete an application for RSVP Insurance for free supplemental coverage for on the job site and for getting to and from the site. This application will be forwarded to the RSVP Director.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.