



VOLUNTEER APPLICATION FORM

5. Non-Family Reference Information		
May we contact your non-family references? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name:	Telephone Number:	Relationship:
Name:	Telephone Number:	Relationship:
Name:	Telephone Number:	Relationship:
6. Please check the Programs That Are Of Interest To You: (Some of the jobs will require varying degrees of training)		
Administration / Office Admin Support <input type="checkbox"/> Filing <input type="checkbox"/> Mailings <input type="checkbox"/> Phone calls <input type="checkbox"/> Internet research <input type="checkbox"/> Data Entry Communications/Special Events <input type="checkbox"/> Media Relations <input type="checkbox"/> Fundraising/community events	Programs <input type="checkbox"/> Hospital Visitation Program (open to stroke survivors only) <input type="checkbox"/> Health Fairs <input type="checkbox"/> Stroke Education Lectures <input type="checkbox"/> Support Group Facilitator Computer Information Services <input type="checkbox"/> PC Trouble Shooting <input type="checkbox"/> Network <input type="checkbox"/> Computer Software Installation	Other (please explain)
Availability: Day(s) of Week: _____ Time of Day: _____		
Total Hours Available (per week): _____		
Comments or questions: _____ _____		
I understand that the above information is voluntarily supplied and may be used and disclosed for the Peninsula Stroke Association purposes only. I further understand that as a Peninsula Stroke Association Volunteer, I will not be paid for my services and I will not be covered by Worker's Compensation Insurance.		
Volunteer's Signature: _____		Date: _____
7. For PSA Office Use Only:		
Volunteer Supervisor: _____		Orientation Date: _____