

## **VOLUNTEER APPLICATION**

Date:	
(Please print)	
Name:	Sex: M F
Last First	Age Range: under 18
Address:	19 – 35
	36 – 59
	60 or over
Phone: Home()	Best time to reach you:
Work ( )	
In case of emergency please notify:	
Name:	Phone: ( )



Why do you want to volunteer on the Mok	celumne Coast to Crest Trail?
What would you like to learn or do?	
What benefit would you like to receive from	m your volunteering?
personal satisfaction	help someone else
develop a skill	meet a school requirement
help toward a paid job	meet a court referred obligation
other	



When are you available for volunteer work?				
Weekdays: MonTues Wed Thurs Fri				
Weekends: Sat Sun				
Time of day:				
How much time can you give to volunteer work?				
hours per week, or hours per month				
My hobbies or special interests are:				
What special skill have you acquired through school, training, employment or volunteer service				
Are you presently employed? Yes No Retired				
What is your occupation?				



Have you ever been convicted of a crime?	Yes No
f yes, when?	Where?
Nature of offense?	
Do you presently perform volunteer work?	Yes No
f yes, for whom?	
Briefly describe your duties:	



11.	Any previous volunteer experience? Yes No
	For whom?
	Briefly describe your duties:
12.	What health problems or physical limitations do you have that may affect your volunteer activity?
13.	Are you presently taking any medication that the volunteer administrator should be aware of?  Yes No
	If yes, what?
14.	Do you have a valid CA driver's license? Yes No
Thank you	! Return to: MCCT Council PO Box 142 Glencoe, CA 95232