



Individual Volunteer Application

Personal Contact Information

First Name		Last Name	
Street Address			
City		State	Zip
Email Address			
Primary Phone		Cell Phone _____ Home Phone _____ (Check One)	
Driver's License Number (if applicable)		State of Issue	

Volunteer Interests: Please note your available days and times below.

Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times							
I am interested in volunteering in the following areas:							
<input type="checkbox"/> Shelter Support (providing direct assistance to clients through on-site support, meal services, transportation, etc.)							
<input type="checkbox"/> Client Services (supporting the client services center through resource engagement and office support)							
<input type="checkbox"/> Event & Task Support (assisting the organization with event and occasional task support as needs arise)							
Are you interested in instructing a group of clients in a class setting on a subject or skill you enjoy? If YES, what would you be interested in teaching?							
Special Skills						Certifications	
How did you hear about this opportunity? (i.e. congregation, club, school, friend, etc.)							

Personal Reference

First Name		Last Name		Relationship	
City		State	Zip		
Email Address					
Primary Phone			Cell Phone _____ Home Phone _____ (Check One)		

Emergency Contact

First Name		Last Name		Relationship	
City		State	Zip		
Email Address					
Primary Phone			Cell Phone _____ Home Phone _____ (Check One)		

I certify that the above information is true and complete.

Signature	Date
-----------	------

23752 Newhall Ave, Santa Clarita, CA 91321

Tel.: 661.388.0080 | BTOHOME.COM

A California Non-Profit Public Benefit Corporation (I.R.C. §501(c)(3)) | Tax ID No. 95-4587823