



Volunteer Form

CCCFM _____ NEAR _____ (check one)

P.O. Box 23727, Pleasant Hill, CA 94523-0727, Phone 925.431.8361 Fax 925.228.5080

www.cccfm.org

Thank you for taking the time to apply to volunteer or intern for the Contra Costa Certified Farmers' Market. This application form will help us efficiently identify the positions and jobs that are best suited to your experience and learning objectives. Please fill out this application to the best of your ability. *Please keep in mind that some of the questions may not apply to you.*

If you have any questions about this application, please contact us. Date: _____

Last Name, _____ First Name, Middle Initial _____

Home Address: _____

Home Phone: _____ Personal Email _____

Current Employer _____

Work address _____

Work Phone _____ Work Email _____

Position: _____ Time in Current Position _____

Cell Phone: _____

What is your preferred method of being contacted? _____

If licensed to practice a profession, please list the profession and state in which licensed.

VOLUNTEER INTEREST

1. Are you volunteering in exchange for hours? Yes ___ No ___

2. Are you a student? Full Time ___ Part Time ___ No ___

3. If a student, what program are you in? _____

Will your volunteer hours count towards university class credit? Yes ___ No ___

If so, what is the name of the course or faculty advisor: _____



VOLUNTEER EXPERIENCE

List previous experiences (volunteer: paid or educational) that would be helpful in working with people.
(Continue on back if necessary)

Activity	Organization	Date(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

INTERESTS / SKILLS

Please indicate with a check mark which you would be willing to share as a volunteer here.

Administrative Skills: ___ word processing ___ making copies ___ record updating ___ mailings
___ desk top publishing ___ translation ___ other (specify: _____)

Office/Record keeping Skills: ___ reference ___ creating information sheets ___ web development
___ research ___ technical services ___ training ___ system design
___ programming (languages: _____ other (specify: _____))

Subject Knowledge: ___ fundraising ___ proposal writing ___ technical writing
___ nonprofit management ___ public policy ___ technology ___ other (specify: _____)

Languages: If you are able to speak fluently, or read or write, any language other than English, please list the languages(s):

Speak Fluently _____ Read: _____ Write _____

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List any skills, hobbies, or interests you have that might be helpful in your volunteer work:

Additional Skills / Comments: _____

AVAILABILITY

Approximately how much time do you feel you could volunteer (per week/month)? _____

How many months (if known) would you like to volunteer? _____

What is your preferred work schedule?
(Check all applicable) ___ Daytime ___ Evenings ___ Weekdays ___ Weekly ___ Monthly



Preferred schedule (If known): _____ Week day(s) _____ Time Commitment Undecided _____
Market Day _____ Market Day _____

Sun.				Sat.

REFERENCES

Personal or professional references (please exclude relatives.)

1. Name: _____ Phone: _____

Address: _____ City _____ State _____ ZIP _____

2. Name: _____ Phone: _____

Address: _____ City _____ State _____ ZIP _____

EMPLOYMENT HISTORY

Previous Employer #1

Company Name: _____ Phone: _____

Address: _____ City _____ State _____ ZIP _____

Position: _____ Dates of Employment: _____

Previous Employer #2

Company Name: _____ Phone: _____

Address: _____ City _____ State _____ ZIP _____

Position: _____ Dates of Employment: _____

DRIVING INFORMATION

Drivers License Number: _____

Do you currently have Auto Insurance Coverage? ____ Yes ____ No

Who is your insurance provider? _____

What is your auto insurance policy number? _____

Have you had any driving violations in the past two years? ____ Yes ____ No



If yes, please explain:

EMERGENCY CONTACT INFORMATION

Primary Contact: Individual to be notified in case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone #1 _____ Phone #2 _____

Secondary Contact: Individual to be notified in Case of emergency:

Name: _____ Relationship: _____

Address: _____ Phone #1 _____ Phone #2 _____

THE ABOVE INFORMATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE _____

YOUR SIGNATURE INDICATES YOUR APPROVAL FOR US TO CHECK YOUR REFERENCES. THE ORGANIZATION IS NOT OBLIGATED TO PROVIDE A PLACEMENT, NOR ARE YOU OBLIGATED TO ACCEPT THE POSITION OFFERED. OPPORTUNITIES FOR VOLUNTEERS AND INTERNS ARE PROVIDED WITHOUT REGARD TO RELIGION, CREED, RACE, NATIONAL ORIGIN, AGE OR SEX.

*Thank you for your interest in volunteering for Contra Costa Certified Farmers' Markets Inc.
jn/2008*