



PO Box 30494
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 www.sunrisesnap.org

Volunteer Application (Part 1)

Name _____ Local Address _____

Telephone _____ Cell Phone _____ Email _____

Sunrise Community HOA _____ Send reminders to: Text to Cell email Message Phone Call

Alternate phone number and address _____

Full Time Resident Seasonal Resident Date that you leave _____ Date you return _____

Emergency Contact _____ Telephone _____ Relationship _____

Would you be willing to serve on a committee? Yes No

Would you be willing to serve on the board? Yes No

Can you PROVIDE HELP with?

- General transportation (Medical Appointments, shopping, etc...)
- Errands for or with client
- Home Repair / Minor Household Chores
- Friendly Visitation
- Relief for Family Caregiver
- Pet Care
- Phone/Email Reassurance
- Meal Preparation / Food Deliveries

- Birthday Cookie Visits
- Letter Writing
- Fundraising
- Administration / Computer Work / Mailings
- Website Administration
- Journalism / Newsletter / Website Contributions
- Home & Garden Tour
- Educational Programs

How did you hear about SNAP? _____

Days Available: M T W TH F Any Time of Day Available: Morning Afternoon Evening Any

Limitations (Lifting, Assisting Clients w/ walking, pet allergies, etc...) _____

Interests / Hobbies _____

I give permission for the following references to be contacted:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Ref. Check: Initial Below: _____ _____

I hereby grant SNAP permission to use my likeness in photograph(s), video and other media in any and all of its publications. I acknowledge that in the course of providing volunteer services, I may have access to confidential information. I understand that this information should remain confidential and, if I have concerns or questions about a client/recipient, I will contact the SNAP coordinator.

Signature _____ Date _____

Signature of Interviewer _____ Date _____