



Sunrise Neighborhood Assistance Program

6890 E. Sunrise Dr., Suite 120-298

Tucson, AZ 85750

520-437-9556

Email: lyndastites@sunrisesnap.org

Volunteer Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
(Local) Street Address Apartment/Unit #

City State ZIP Code

Birthdate: _____

Phone: _____ Email _____

Full time resident () Part time resident () Dates you leave: _____ Dates you return: _____

Out of town address: _____

Phone: _____

Emergency

Contact: Name _____ Phone: _____ Relationship: _____

Can you provide help with:

<input type="checkbox"/> General transportation	<input type="checkbox"/> Educational Programs/Social Programs
<input type="checkbox"/> Errands for or with a client	<input type="checkbox"/> Journalism/ Newsletter/ Website Contributions
<input type="checkbox"/> Friendly Visits/ Calls	<input type="checkbox"/> Website Administration
<input type="checkbox"/> Meal preparation/ Food deliveries	<input type="checkbox"/> Administration/Computer Work/ Mailings
<input type="checkbox"/> Home and Garden Tour	<input type="checkbox"/> Fundraising

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

Would you be willing to serve on the Board? () Yes () No

How did you hear about SNAP? _____

Days Available: __M__T__W__TH__F__Any Best time of day for you? _____

Do you have any limitations with lifting, assisting clients with walking, etc.? _____

What hobbies/interests do you enjoy? _____

I give permission for the following references to be contacted:

Name _____ Relationship _____

Phone or email _____

Name _____ Relationship _____

Phone or email _____

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. I understand that SNAP will conduct a background check on all volunteers working directly with clients. I will be respectful to clients, volunteers, and Staff of SNAP at all times.

Signature _____

Date _____



Volunteer Application, Driver Form

Print Name:	Date of Birth:
Street Address:	E-Mail:
City/ State/ Zip:	Phone:
have	Cell Phone:
Auto Insurance co.:	Driver's License Expiration Date:
Auto Insurance Policy #	Auto Insurance Expiration Date:
	What type of vehicle do you drive? Sedan ____ SUV ____ Truck ____ Van ____
Are you currently suffering from any physical or psychological condition that would prevent you from performing volunteer services?	

I understand that the Sunrise Neighborhood Assistance Program (SNAP) IS NOT liable for any accidents or claims which might occur while I have a client in my car or during my volunteer activity. I agree that my personal auto or other insurance covers me and any client I am transporting in my role as a volunteer. I understand that seatbelts MUST be worn by drivers and passengers at all times. I understand that I am not to use my cell phone during any time I am driving with a client, EXCEPT in case of an emergency.

Please attach a copy of your driver's license and insurance card to this application.

Driving Record

I have have not been cited for any moving violations within the past 3 years.

I have have not been cited for driving while intoxicated or for reckless driving within the past 3 years.

I understand that if I have been cited for either reckless driving or driving under the influence within the past 3 years, I will NOT be given any driving assignments through SNAP.

I also understand that if I have had more than one moving violation within the past 3 years I will NOT be given any driving assignments through SNAP.

Signature _____

Date _____

Please send to: Lynda Stites, Sunrise Neighborhood Assistance Program (SNAP)
6890 E. Sunrise Drive, Suite 120-298
Tucson, AZ 85750
Or email: lyndastites@sunrisesnap.org