



# 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: Last First M.I. Date:

Address: Street Address Apartment/Unit #  
City State ZIP Code

Phone: Email:  
Full time resident Part time resident Dates you leave: Dates you return:

Emergency Contact: Name Phone: Relationship:

Can you provide help with:

General transportation	Educational Programs/Social Programs
Errands for or with a client	Journalism/ Newsletter/ Website Contributions
Friendly Visits/ Calls	Website Administration
Meal preparation/ Food deliveries	Administration/Computer Work/ Mailings
Home and Garden Tour	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:
	Cell :
have	Driver's License Expiration Date:
Auto Insurance co.:	Auto Insurance Expiration Date:
Auto Insurance Policy #	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](mailto:lyndastites@sunrisesnap.org)