



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: _____ Birthdate: _____
Last First M.I.

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

City State ZIP Code

Phone: _____ Email: _____

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

Out of town address: _____

Out of town Phone: _____

Emergency Contact: _____ 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 that will restrict the volunteer activities you can perform? _____

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 acknowledge that:

- SNAP conducts a background check on all volunteers working directly with clients.
- Any information about a client obtained during my volunteer services must remain confidential.
- If I have concerns or questions about a SNAP client, I will contact SNAP immediately.
- SNAP has my permission to use my likeness in photograph(s), video and other media in any of its publications.

Signature _____ Date _____



Sunrise Neighborhood Assistance Program

6890 E. Sunrise Dr., Suite 120-298
Tucson, AZ 85750
520-437-9556
Email: lyndastites@sunrisesnap.org

Volunteer Application, Driver Form

Print Name:	Date of Birth:
Street Address:	E-Mail:
City/ State/ Zip:	Phone: Cell Phone:
Do you have a valid driver's license?	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 ___
Do you have any limitations that will restrict the assistance you can provide when transporting a SNAP client or performing other volunteer activities?	

I understand that 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 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 traffic violations within the past 3 years. This includes such offenses as speeding, running a red light, driving under the influence, or driving without insurance or a valid driver's license, among other violations.

I understand that if I have been cited for a moving traffic 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