

## NCO Volunteer Network of Lake and Mendocino Counties



## **VOLUNTEER ENROLLMENT FORM**

Please print and complete all sections.

NAME		BIRTH DATE	
MAILING ADDRESS		CITY, ZIP	
PHONE	CELL PHONE	EMAIL	
EMERGENCY CONTACT		PHONE	
RELATIONSHIP			
Organization(s) you are vol	unteering with:		
Skills/Interest/Languages _			
Physical Limitations			
Preferred Volunteer Assign	iment		<del></del>
Days/Hours Available Are you available on an on-			_
Gender: □M □ F Disal	an □ Asian □ Hispanic □ bled: Yes No Veteran: Yo	Native American □ Caucasian □ Pacies No Family Member of Active Duty Migital images of you for use in promotional or	
BENEFICIARY FOR RSV	P SUPPLEMENTAL ACCIDE	ENT INSURANCE:	
Name		Relationship	
Address		Phone No	
volunteer station or the Federal	Government and agree to serve wit d from my volunteer work station, I	yee of RSVP or The Volunteer Network, the sponso hout compensation. I further agree that if I use my I will arrange to keep in effect automobile liability i	personal
Signature of Volunteer		Date	
Signature of NCO Staff		Date	

NORTH COAST OPPORTUNITIES

413 North State Street Ukiah, CA 95482 (707) 467-3200 X285 Fax (707) 462-0191

A COMMUNITY ACTION AGENCY 14832 Lakeshore Drive Clearlake, CA 95422 (707)994-4647 X123 Fax (707)994-4675