

Stanislaus PRIDE Center Volunteer Information Form (Please Print)

Last name: _____

Date: _____

First name: _____

Mailing Address:

Street Number: _____ City: _____

State: _____ Zip Code: _____ (Zip + 4)

Home Telephone: _____ Alt. Phone _____

E-mail: _____

Please check here if you wish the return call or e-mail to be discrete.

Areas of interest (include pertinent background / skills that you feel would be useful to the organization):

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Finance | <input type="checkbox"/> Information Tech. | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Library | <input type="checkbox"/> Phone work |
| <input type="checkbox"/> Database Design | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Management | <input type="checkbox"/> Ticket Sales |
| <input type="checkbox"/> Desktop Pub. | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Technical Writing |
| <input type="checkbox"/> Events Planning | <input type="checkbox"/> Healthcare Svcs | <input type="checkbox"/> Non-Profit Staff | <input type="checkbox"/> Web Site Development |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Internship | <input type="checkbox"/> Office assistance | <input type="checkbox"/> Other (list below): |

Sexual Orientation: _____ (Optional)

Education: _____ Degree: _____ Field: _____ Year Graduated: _____

List any languages that you speak, other than English:

Approximately how many hours per month would you be able to commit to volunteering?

Availability (circle all that apply): Daytime Evenings Weekends

Please list any major schedule conflicts below:

Thank you for taking the time to complete our volunteer form! We look forward to working with you!



P. O. Box 1850 Modesto, California 95353
(209) 338-0855