

Volunteer/Intern Application

Contact Information

Name:	
Street Address:	
City, State, ZIP Code:	
Primary Phone:	
Alternate Phone:	
E-Mail:	

Interests

In which areas you are interested in volunteering?

- | | | |
|---|---|---|
| <input type="checkbox"/> Clean Air | <input type="checkbox"/> Youth Programs | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Policy/Advocacy | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Tobacco | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Other <i>(please describe)</i> : | | |

Availability

Please list the times you are available? *(Our office is open M-Th from 9-5 and F from 8-4)*

Monday: _____ Tuesday: _____ Wednesday: _____
 Thursday: _____ Friday: _____ Saturday: _____
 Sunday: _____ Desired start date: _____

Please answer the following questions:

Are you interested in earning:

Community Service Hours Internship Units

Why are you interested in volunteering/interning for Breathe California of Sacramento-Emigrant Trails?

Special Skills and Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, hobbies, interests, etc. Feel free to attach resume.

Emergency Contact

Name:	
Street Address:	
City, State, ZIP Code:	
Primary Phone:	
Alternate Phone:	
Relationship:	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed):	
Signature:	
Date:	

Visit www.sacbreathe.org for details about our volunteer opportunities.

Thank you for your interest in volunteering/interning with us. We will contact you soon.

Mail completed form to:
Breathe California of Sacramento-Emigrant Trails
909 12th Street, Suite 100
Sacramento, CA 95814

Fax completed form to (916) 444-6661

Email completed form to staff@sacbreathe.org