



Sickle Cell Disease Foundation of California

VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Female  Male

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Work Cell

Email: \_\_\_\_\_

Occupation (if retired, provide former occupation): \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Length of employment: \_\_\_\_\_ Status:  Full Time  Part Time  Retired

If student, name of school: \_\_\_\_\_

Year: \_\_\_\_\_ Area of Study: \_\_\_\_\_

**Educational Background** (check highest level):  High School Diploma  GED  Some College  
 AA/AS  BA/BS  MA/MS  Ph.D.  Other: \_\_\_\_\_

Area/field of study: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Community Involvement/Volunteer History: \_\_\_\_\_

Do you speak the following languages FLUENTLY?  English  Spanish

Have you ever been convicted of a felony?  Yes  No (if yes, please attach an explanation)

Are you available for an interview?  Yes  No (if no, please state reason): \_\_\_\_\_

**Personal/Professional References:**

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Relationship: \_\_\_\_\_

**Volunteer Opportunities are available for the following events**  
*(please check all areas of interest)*

**On-going activities:**

- In office mailings**
- Health Fairs** *(distribute materials to participants)*
- Workplace Giving Fairs** *(distribute materials to participants)*
- Advocacy Work** *(petition drives, assisting with legislative support, etc.)*
- Fund Raising**
  - Sponsor solicitation
  - In-kind gift solicitation
  - Follow-up telephone calls
- Together We Can! Learning Center** *(Weekdays & Saturdays in SCDFC office)*
  - Tutors *(work directly with children in reading, writing, math, etc.)*

**Seasonal Activities:**

- Camp Crescent Moon** *(July – one week)*
  - Counselor (mandatory attendance at all training sessions)
  - Program Specialist (mandatory attendance at all training sessions)
  - Floater (mandatory attendance at all training sessions)
  - Registration (day of camp only)
- Annual Golf Tournament** *(September)*
  - Registration (on-site)     Mailings (in office)     Materials assembly (in office)
- Thanksgiving Food Drive** *(November)*
  - Basket Preparation         Basket Distribution
- Christmas Activities** *(December)*
  - Holiday Basket Preparation     Gift Wrapper     Basket Distribution
  - Children's Christmas Party

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*Please list days and hours of availability*

- Monday:        from: \_\_\_\_\_ to: \_\_\_\_\_
- Tuesday:        from: \_\_\_\_\_ to: \_\_\_\_\_
- Wednesday:    from: \_\_\_\_\_ to: \_\_\_\_\_
- Thursday:        from: \_\_\_\_\_ to: \_\_\_\_\_
- Friday:         from: \_\_\_\_\_ to: \_\_\_\_\_
- Saturday:        from: \_\_\_\_\_ to: \_\_\_\_\_
- Sunday:         from: \_\_\_\_\_ to: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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***Please mail or fax completed application to:***

Sickle Cell Disease Foundation of California (SCDFC)  
6133 Bristol Parkway, #240, Culver City, CA 90230  
Phone (310) 693-0247 • Fax (310) 693-0266  
Email: info@scdfc.org • website: www.scdfc.org