



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 in the following areas
(please check all areas of interest)

ON-GOING ACTIVITIES

- In office mailings**
- Health Fairs** (*distributing materials to participants*)
- Workplace Giving Fairs** (*distributing materials to participants*)
- Advocacy Work** (*petition drives, assisting with legislative support, etc.*)
- Fund Raising**
 - Sponsor solicitation
 - In-kind gift solicitation
 - Follow-up telephone calls

SEASONAL ACTIVITIES:

- Camp Crescent Moon** (*July – one week*)
 - Cabin Counselor (*mandatory attendance at all training sessions: Feb – July*)
 - Program Specialist (*mandatory attendance at all training sessions: Feb – July*)
 - Floater/Palanca (*mandatory attendance at all training sessions: Feb – July*)
 - Camp Set-up (Saturday before camp only)
 - Registration (day of camp only)
- Walk-A-Thon**
 - Registration (on-site)
 - Mailings/Calls (in office)
 - Materials Assembly
- Golf Tournament**
 - Registration (on-site)
 - Mailings/Calls (in office)
 - Materials Assembly
- Thanksgiving Food Drive** (*November*)
 - Food Basket Preparation
 - Basket Distribution/Delivery
- Christmas Activities** (*December*)
 - Holiday Basket Preparation
 - Basket Distribution
 - Children's Christmas Party
 - Gift Wrapper (*in office*)

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: _____

Please mail, fax or email completed application to:

Sickle Cell Disease Foundation of California
3602 Inland Empire Blvd., Ste. B220 Ontario CA
91764 Phone: (310) 693-0247 or (909)743-5226 ▪
Fax(909)948-9345
Email: info@scdfc.org ▪ Website: www.scdfc.org