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Tax I.D. #770430680

Volunteer Application

(Please Print Legibly)

(For security purposes, please do not send your application by email.)

For Office Use Only	Date: _____
Interviewed by: _____	Start Date: _____
Assignment #1: _____	End Date: _____
Assignment #2: _____	Note: _____
Assignment #3: _____	
Assignment #4: _____	

Date ____ / ____ / ____

1. Name _____ 2. ID#/SSN _____
Last First Middle Initial

2. Address _____
Address Apt. # City, State, Zip

3. Home Phone: () - - Work Phone: () - - Cell Phone: () -

4. E-mail Address: _____

5. Birth date ____ / ____ / ____ Male ____ Female ____ 7. School: _____

6. Primary Language Spoken _____ Written _____

Secondary Language Spoken _____ Written _____

7. Will you be earning any credit or pay for volunteering? Yes ____ No ____

(For example, credit for a class or money through work study)

If yes, through what program? (be specific): _____

How many hours required? _____ Deadline for service: _____

8. How did you hear about Stone Soup? _____

Please complete back

9. Please List available service hours.

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

10. Please list any special areas of interest: _____

11. Please list two references not related to you, whom you have known at least one year.

Name

Address

Phone #

Years Known

12. Have you ever been convicted of a crime other than a traffic violation? Yes ____ No ____

If yes, please explain: _____

I certify that everything stated on this application is true and correct. Furthermore, I authorize Stone Soup Fresno to contact references listed above.

Signature

Date

*Thank you for your interest in being an ingredient in our Stone Soup!
We hope that you will find this to be a rewarding experience.*