



Share the Care Napa Valley  
 162 South Coombs St.  
 Napa, CA 94559  
 707.492.3198  
 info@sharethecarenv.org

### STCNV Volunteer Application

First Name	Last Name	Middle
(use legal name)		
Address		Apt. #
City	State	Zip
Phone (     )	Email	
Date of Birth (month/day)	If under the age of 18 years, a guardian will need to sign this application in addition.	
<b>VOLUNTEER EXPERIENCE</b>		
Skills, interests, and hobbies:		
Clubs/organizations/boards:		
Education	School	
(highest level)		
Have you volunteered before? If so, please list the agency:		
List the duties performed:		
<b>EMPLOYMENT HISTORY</b>		
Name of current employer	Phone (     )	
(or most current past employer)		
Address	Date/year employment began / ended	
Name of supervisor	Job Title	
May we contact the employer?	Yes	No     (circle one)
Does your employer have a community partnership?	Yes	No     (circle one)



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**YOUR AVAILABILITY**

\*Our donation center/office is open M-F from 10a - 3p

List your preferred day(s): \_\_\_\_\_ Preferred shift time: \_\_\_\_\_

**REFERENCES**

(Personal or professional; not a relative)

Full name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Full name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Full name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

**DRIVING INFORMATION**

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance if the task requires me to drive to serve a task while on a volunteer shift. I will immediately notify the Executive Director if my driver's license is restricted, suspended, revoked, or expired.

Are you willing to use your automobile if the task requires it? Yes No (circle one)

Are you willing to use STCNV's vehicle if the task requires it? Yes No (circle one)

(Please complete STC vehicle agreement)

Insurance Carrier\* \_\_\_\_\_ Policy # \_\_\_\_\_

Driver's License #\* \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

\* STCNV will need a copy of your insurance and driver's license. Please bring in these items on your first shift, email a copy or bring a copy for us to scan, please. Email to: heather@sharethecarenv.org



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My signature below certifies that all statements made on this application are true, complete, and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to STC to conduct driver's license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement. I hereby release all parties from any liability for furnishing this information.

Signature of Applicant

Date

Guardian Info (if under 18 years old):

Guardian Signature

Date

Print Name

Phone #

Share the Care Napa Valley acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered based on individual ability and merit, without regard to race, color, age, religion, national origin, disability, sex, sexual orientation, or marital status.