



VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

Phone: (cell) _____ (home) _____

Email: _____ Referral from: _____

Occupation (If retired, former occupation) _____

Education completed: ___ High School ___ College Degree ___ Advanced degree

Degrees, licenses or areas of study: _____

Briefly describe any previous experience (professional or volunteer) with individuals or families living with mental illness:

VOLUNTEER OPPORTUNITIES: STEP UP has a variety of ongoing volunteer opportunities in the following categories. Please check your area(s) of interest:

Community Education Groups	Vocational Education and Life Skills Groups	Facilities Projects
Consultant/Pro-bono tasks	Parties and Special Events	Fundraising

YOUR SPECIFIC SKILLS: please indicate any special skills you would like to share

Sous chef training	Teaching/ tutoring	Marketing/sales	Public relations
Event production	Arts and crafts	Community outreach	Job search/resume
Music	Mindfulness, yoga	Gardening/landscaping	Facilities/construction
Drama/theatre	Graphic design	Clerical	Interior design
Cooking	Creative writing	Barber/hairdresser	Fundraising
Financial literacy	Organizing space	Make up artist	Party planner/host

PURPOSE IN VOLUNTEERING: Please give us some idea of why you want to volunteer at Step Up and what skills you hope to share or learn from the experience:

STEP UP has permanent supportive housing projects in three primary areas of Los Angeles. Please indicate the general location most convenient for you and your preferred time(s) for volunteering:

LOCATION: Santa Monica West Los Angeles Hollywood

AVAILABILITY: Morning Afternoon Evening Weekdays Weekends

LENGTH OF TIME YOU WISH TO VOLUNTEER: Short term project Ongoing/weekly

Please explain any scheduling concerns here:

VOLUNTEER AND/OR EMPLOYMENT EXPERIENCE: Please give us a sense of your past work or volunteer experiences.

Organization or company	Location	Dates: From/to	Work performed	Reason for leaving

REFERENCES: Please list two non-family members who can provide professional or personal references.

Name	Address	Phone	Relationship

By signing below, I give permission to check the references I have listed and verify that in answering the above questions, I have provided accurate and complete information. I acknowledge that the above information is voluntarily supplied and may be used and disclosed for Step Up purposes only and that as a volunteer I will not be paid for my services.

Signature: _____ Date: _____

EMERGENCY CONTACTS

Please list two people whom we can call in the event of an emergency:

Name	Address	Phone	Relationship

PHYSICIAN AND MEDICAL INSTRUCTIONS

Name of physician:

Phone number:

Health insurance provider:

Medical record number or plan ID:

Allergies:

Other medical conditions: