

Project Sanctuary Volunteer Training Application

Website: www.projectsanctuary.org Email: info@projectsanctuary.org

Coast - 461 N. Franklin St, Ft Bragg CA 95437 Ph 707-961-1507 Fax 707-961-1539

Inland – 564 S. Dora St. Ste A-1, Ukiah CA 95482 Ph 707-462-9196 Fax 707-462-5861

Name: _____ Home Phone: _____

Address: _____ City/Zip: _____

Social Security#: _____ Birth Date: _____ M ___ F ___

Email: _____ Work or Cell Phone: _____

Background Information:

Number of Children & Ages: _____

Education: _____

Paid Work Experience:

Volunteer Experience:

Current or Past Experience that might help you in this work:

Reasons for seeking volunteer work with Project Sanctuary:

What type of volunteer work are you interested in?

When are you available? Please state dates and hours:

Additional Information:

Local References:

Please include the names and phone numbers of three references. References can be people with whom you have contact for personal or work related reasons. (No relatives, please)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

WAIVER FOR BACKGROUND INVESTIGATION

RELEASE: Having made application with Project Sanctuary and desiring them to be informed as to my previous record and character, I hereby authorize them to investigate my past record and character, whether same is of record or not and release my present and past employers, references and all persons whomsoever from any charge because of furnishing said information.

Signature: _____ Date: _____

Witness: _____ Date: _____

Project Sanctuary staff will witness for you when you bring in the application.

To submit your application, please refer to our contact information listed at the top of the first page of this application.