



Colette's Children's Home  
*Healing Homelessness*

# Volunteer Application

*In Orange County alone, there are over 35,000 homeless...  
and 16,285 of them are children.*

*Help be a part of the solution to end homelessness in Orange County!*

17301 Beach Blvd. Suite 23, Huntington Beach, CA 92647 Telephone (714) 596-1380 Fax (714) 848-1866

---

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email address: \_\_\_\_\_

Club/Organization Affiliation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph #: \_\_\_\_\_

---

## Background Information

### Educational Background:

High School: \_\_\_\_\_ College: \_\_\_\_\_

### Current Occupation:

\_\_\_\_\_

### Hobbies, Interests, Skills:

\_\_\_\_\_  
\_\_\_\_\_

### Previous Volunteer Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### What have you enjoyed most about your previous volunteer work? About your paid jobs?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### How did you hear about Colette's Children's Home?

\_\_\_\_\_  
\_\_\_\_\_

## Availability

**At what times are you interested in volunteering? (check/circle all that apply)**

- Flexible: \_\_\_\_\_
- Weeknights: Mon Tues Wed Thurs Fri Sat Sun Times: \_\_\_\_\_
- Days: Mon Tues Wed Thurs Fri Sat Sun Times: \_\_\_\_\_
- Times I cannot volunteer: \_\_\_\_\_
- Specific Events: \_\_\_\_\_

## Skills and Interests

**What attracted you to our organization?**

---

---

**Do you have any experience volunteering at a shelter?... with single mothers...children?**

---

---

**What motivates you to volunteer at Colette's? What would make you feel like you've been successful as a volunteer?**

---

---

---

---

**Is there a particular type of volunteer work in which you are interested? (Check all that apply)**

- In-Kind Donations       Special Events       Fundraising Events
- Children's Program Help     Internship       Sm. Grp. Service Day/Project
- Life Skills Classes       Holiday Parties       Adopt-a-Family
- Other: \_\_\_\_\_     Advisory Services (pls. list): \_\_\_\_\_

**Name specific position/role desired:**

---

---

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date