



n o r t h e r n c a l i f o r n i a
Center for Well-Being

Volunteer Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Daytime phone _____ Evening Phone _____

Have you attended any programs at the Center for Well-Being? ____ Yes ____ No

If yes, which classes? _____

Number of hours available to volunteer _____ per week/month

____ Prefer regular hours ____ Prefer assignments with flexible hours

What other organizations are you involved with?

What skills/experience do you have that you might be able to contribute to the Center?
(e.g. medical, computer, graphics, organization, public speaking, carpentry, fundraising, etc.)

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