



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

Volunteer Application

Please complete the following information:

First and Last Name:

Address:

City, State, Zip/Postal:

Email:

Phone:

Have you attended any programs at the Center for Well-Being? If yes, which classes?

***You may also attach a resume in lieu of the following information**

Volunteer Experience:

Organization Name:

Dates of Volunteer Commitment:

Hours per month:

Description of Volunteer Involvement:

Organization Name:

Dates of Volunteer Commitment:

Hours per month:

Description of Volunteer Involvement:

365B Tesconi Circle, Santa Rosa CA
(707) 575-6043 Fax (707) 575-1060

**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)**

What do you hope to gain from volunteering with the Center? Are there particular areas of interest or skills you would like to acquire?

Please indicate your 1st, 2nd, and 3rd Volunteer preference:

Active Play Everyday Program: Under the Playworks Model, volunteers will promote healthy kids through active play recess in schools

SNAP-Ed: Volunteers will attend nutrition education presentations and assist in Promotora de Salud community nutrition presentations

Operations/Admin: Provider communication, data entry, misc administrative duties

Health Education Classes: Class materials preparation, client communication, and class closeout

Special Events: Volunteers will participate in community planning and preparation for annual NCCWB events which include the Skate-A-Thon, Human Race and Celebration of Dreams

Marketing/Outreach: Surveying clinicians regarding needs and filling requests for center literature and class flyers.

Newsletter: Volunteers will assist in designing, writing and producing the Center newsletter

Please check the boxes that correspond to times that you are available to volunteer for the Center.

Day/time	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Late Afternoon					

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To the best of your knowledge, approximately how long do you intend to maintain your volunteer role at the Center for Well-Being?

CERTIFICATION:

I certify that all of the statements made in this application are true, correct, and complete, to the best of my knowledge, and are made in good faith. I understand that misinformation or omission of information could result in disqualification and/or termination as a volunteer with the Center.

Applicant Signature

Date

Additionally, please attach the following documents:

1. Letter of Intent or Cover Letter (optional, highly recommended)
2. Resume or Work History (optional, highly recommended)
3. 2-3 References

Please send your application to ONE of the three options:

1. E-mail: info@nccwb.org (Please put **VOLUNTEER APPLICATION** in subject line)
2. Mail: Northern California Center For Well-Being
365 B Tesconi Circle
Santa Rosa, CA 95401
3. Fax: (707) 575-1060

A completed application must have all required documents in order to be complete.

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