



**N E W L E A F**  
S E R V I C E S F O R  
O U R C O M M U N I T Y

## Volunteer Application

*Please print clearly and mail, fax, or email to:*

New Leaf, Attn: Development Dept., 1390 Market St., Suite 800, San Francisco CA 94102

Fax: 415.255.2101; Email: [volunteers@newleafservices.org](mailto:volunteers@newleafservices.org)

### Personal

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Do you have access to a vehicle?  Car  Truck/van \_\_\_\_\_

How did hear about us? \_\_\_\_\_

### Volunteer Interests

Please review this list of volunteer opportunities, and check the ones that interest you.

#### Development Volunteers

- Administrative Systems/Clerical Support
- Direct Mail Production
- Grant Writing/Copy Writing/Editing
- Public Relations
- Data Entry/Database Support
- Special Events
- Web/Graphic Design
- Other:

#### Clinical Volunteers

- Individual/Group Therapy
- Supervise Interns/Volunteers
- Provide Training

#### Outreach to Elders Volunteers

- Become A "Friendly Visitor"
- Serve Meals At Bi-Monthly Lunches
- Monthly Events At Laguna Hospital
- Special Projects Assisting Seniors

### Availability

Please indicate your availability for volunteer work (check all that apply):

Weekdays:  Mornings  Afternoons  Evenings

Weekends:  Mornings  Afternoons  Evening

### Tell us about yourself

If you have previous volunteer experience, please describe: \_\_\_\_\_

\_\_\_\_\_

Why are you thinking about becoming a volunteer at New Leaf? \_\_\_\_\_

\_\_\_\_\_

Reference: Please give us the name, address, phone number and years acquainted. \_\_\_\_\_

\_\_\_\_\_

Are you currently a New Leaf client?  Yes  No If yes, who is your clinician? \_\_\_\_\_