



### Staff Offering Service (SOS) Volunteer Application

Thank you for your interest in serving as a UCDHS Staff Offering Service (SOS) employee volunteer. Please fill out the form below and return it to us.

- Yes, I am interested in serving as a SOS volunteer.
- I am no longer interested in serving as a SOS volunteer; please remove me from your list.

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: \_\_\_\_\_ Department: \_\_\_\_\_

Work Address/Building: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

What is the number you prefer to be contacted at? Home Work Cell

Email: \_\_\_\_\_ Alternate Email: \_\_\_\_\_

Supervisor's name / Department: \_\_\_\_/\_\_\_\_\_

Is there a group with whom you are particularly interested in working? (check all that apply)  
Adults Seniors Teens Children Disabled Other (please list) \_\_\_\_\_

Please check the category of events where you may be interested in volunteering: (check all that apply)  
Neighborhood events Community sponsored School outreach/careers Hands-on work  
Health fairs Guest speaking Fun runs Concessions  
Other (please list) \_\_\_\_\_

Do you have a geographic preference as to where you do your volunteer work? Yes No  
If Yes, which area(s)? \_\_\_\_\_

What times are you interested in volunteering? (check all that apply)  
Flexible Prefer days Prefer evenings Prefer weekends Prefer weekdays

Do you have any additional skills to share (bilingual, MD, RN, etc.)? \_\_\_\_\_

Interested in serving or learning more about being a SOS Team Leader? Yes No

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_