



Volunteer Application

DCARA Headquarters
14895 E. 14th Street
Suite 200
San Leandro, CA 94578
www.dcara.org
deaf.store@dcara.com



TTY: (510) 351-3937

Voice: (510) 351-3938

FAX: (510) 351-4430

Thank you for volunteering at DCARA. Please fill out this form and return to the Deaf Store, attention Gerri Born Healy.

Tell us about yourself:

Name _____ Phone: _____

Address: _____ Home: _____

_____ Work: _____

_____ Email: _____

Emergency

Contact: _____ Phone Number: _____

Hours Available per week:

- | | |
|---|--|
| <input type="checkbox"/> Monday _____ To _____ | <input type="checkbox"/> Friday _____ To _____ |
| <input type="checkbox"/> Tuesday _____ To _____ | <input type="checkbox"/> Saturday _____ To _____ |
| <input type="checkbox"/> Wednesday _____ To _____ | <input type="checkbox"/> Sunday _____ To _____ |
| <input type="checkbox"/> Thursday _____ To _____ | |

What experience do you have within the deaf community?

What is your area of interest? Please include hobbies and anything else you like to spend time on.

What do you hope to gain from volunteering? How does volunteering at DCARA fit in with your life situation?

Tell us about your sign language ability:

Describe your computer skills:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Keyboard/Data Entry | <input type="checkbox"/> Filing | <input type="checkbox"/> TTY use |
| <input type="checkbox"/> Phone Skills | <input type="checkbox"/> Graphics | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Research | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Fundraising events |
| <input type="checkbox"/> Maintenance | <input type="checkbox"/> Other: | |

What other skills do you have? What do you feel you can contribute to DCARA?

What form of transportation do you use? Private Car
 BART/Bus
 Other

Can you make a long-term commitment to volunteering with DCARA?

How long: _____

(Please note: This question is intended to help us identify where best to utilize your skills and time contribution; any amount of time is appreciated.)

Are you? Deaf Hard of Hearing Hearing Deafened Deaf-Blind

Ethnicity? White Asian Hispanic African American Native American
 Multi _____ Other _____

Please feel free to ask any questions about DCARA and the services we provide. We want you to feel comfortable volunteering and look forward to a rewarding partnership with you. Thanks again for volunteering at DCARA.

ATTACH CLIENT INTAKE FORM



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DCARA Volunteers receive the following benefits:

- Client Services
- Job Skills Training
- Involvement in the Deaf Community
- Sign Language practice
- Job performance evaluations
- Eligibility for training and workshops within the DCARA network
- Leadership Training
- Free admission to DCARA Fundraising Events
- Letters of Recommendation