

WORKING WONDERS  
P.O. BOX 3698  
Cathedral City, CA 92235-3698  
(760) 324-7586  
(760)324-6909 Fax

## VOLUNTEER PROGRAM

Dear Prospective Volunteer;

Thank you for your interest in volunteering with WORKING WONDERS. Attached is a copy of WORKING WONDERS volunteer application. Please complete the application return to us as soon as possible.

- Fax (760) 324-6909
- Email: [Fmallalieu@workingwonders4u.org](mailto:Fmallalieu@workingwonders4u.org)
- P.O. BOX 3698 Cathedral City, CA 92235-3698

. In order to ensure a healthy work environment and to ensure the safety and well being of our consumers, staff and fellow volunteers, it is a policy of the agency for all staff and volunteers to be free of Tuberculosis (TB) in order to work with us. Upon acceptance into **as a volunteer we will require the following information and documentation:**

- All volunteers are required to provide proof of TB status with in 7 days of volunteer employment and on an annual basis.

*Based on California State Office on AIDS policy, all persons who come in contact with people living with HIV/AIDS in an employment or volunteer situation must be free of TB, as exposure to someone with a compromised immune system may be very harmful.*

- Working Wonders works in the community with children as well as adults, we will need to conduct a background check on all volunteers. If you have had a recent background checks (within 45 days) please provide Working Wonders with a copy.

Thank you for your cooperation and we look forward to having you as part of the **WORKING WONDERS** family.

Sincerely,

Evelyn Hernandez – Valentino, Founder/CEO  
Yvette Clark, Program Coordinator  
Frank Mallalieu, Volunteer Coordinator

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VOLUNTEER PROGRAM

Name: \_\_\_\_\_

Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason you would like to volunteer for **WORKING WONDERS**:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS AND CIRCLE ALL THAT APPLY.**

1. What days of the week are you available to volunteer:  
Mon. Tues. Wed. Thurs. Fri.
2. What hours are you available: 8:30 – 12:30, 12:30 – 4:30 Other: \_\_\_\_\_
3. Are you available on weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE LIST ANY SPECIAL SKILLS YOU WULD BRING TO WORKING WONDERS:  
(ANSWER ALL THAT APPLY)**

1. Office Skills (Please Describe):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Computer Skills ( Please Describe):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Are you familiar with the following programs? (Please circle all that apply)  
MS Outlook MS Excel MS Power Point MS Word ADOBE  
Quick Books Other: \_\_\_\_\_

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4. Fundraising Skills (Please Describe):

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5. Public Speaking (please Describe):

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6. Bilingual YES [ ] NO [ ]

What Languages do you speak: \_\_\_\_\_ Read/Write: \_\_\_\_\_

7. Personal Skills (Please Describe):

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8. Artistic Skills (Please Describe and Be specific, music, drafting, singing)

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9. Public Policy (Please Describe):

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10. Education: High School/GED    College    Graduate School

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11. Is there anything that may affect your ability to volunteer in certain areas?

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12. How soon are you available to begin volunteering?

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13. Can you commit to 12 hours of training?

Yes       No

14. Have you had a background check with the last 45 days?

Yes       No

15. Have you had a TB Shot?

Date: \_\_\_\_\_

16. References: Please provide 3 references

Name:	Agency:	Telephone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Is there anything else you would like for us to know about you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your interest in volunteering with WORKING WONDERS.  
Should you have any questions please do not hesitate to call the Program  
Manager at (760) 324-7586.**

**OFFICE USE ONLY:**

APPLICATION SENT: \_\_\_\_\_ APPLICATION RECEIVED: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_

ACCEPTED:     Yes     No      NOT ACCEPTED:  Yes     No

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_