

**UCSF Center on Deafness
Volunteer Application**

GENERAL INFORMATION

Name: _____ Age: _____ Date: _____
(optional)

Address: _____
Street City Zip

Home Phone: _____ Work Phone: _____

Please rate your sign language skills:

None Poor Fair Good Excellent

Are you currently enrolled in a sign language class? _____ Yes _____ No

Describe experiences you have had working with individuals who are deaf or hard-of-hearing?

VOLUNTEER INTEREST

What type of volunteer experience are you interested in?

_____ Clerical Assistance

_____ assist with filing, typing, general office duties

_____ Other:

Interests, hobbies, skills:

Relevant work or volunteer experiences:

VOLUNTEER AVAILABILITY

Dates you are available to volunteer: Start_____ End_____

Days/hours you are available to volunteer:

Number of hours per week/month you are available to volunteer:

_____/week **OR** _____/month

PERSONAL GOALS FOR VOLUNTEER PLACEMENT

What are your personal goals in seeking this volunteer placement?

Please return to: Volunteer Coordinator
 UCSF Center on Deafness
 3333 California Street, Suite 10
 San Francisco, CA. 94118

Or FAX: 415.476.7113

****Please include your resume.***