



VOLUNTEER INTEREST/REFERRAL FORM

Thank you for your interest in volunteering with MCCDC!

If you are under the age of 18, please contact our Human Resource Department for a Parent Release Form.

FIRST NAME		LAST NAME		Program/Project Requesting to spend Volunteer Hours:	
STREET ADDRESS		CITY	STATE	ZIP	PRIMARY PHONE #
DATE OF BIRTH	Referred by		EMAIL ADDRESS		
When are you available to start?	Please list days and hours:				

Please share any skills/talents you would like to use:

Acknowledgement

This is to acknowledge that I desire to volunteer my services and perform the duties for Marin City Community Development Corporation. If approved, I understand that I will need to complete a Volunteer Application Form, adhere to Volunteer Policies and Procedures, and will not be compensated. Furthermore, I understand that I serve at the discretion of my supervisor and/or designee.

Signature:	
Printed Name:	
Date:	

HUMAN RESOURCES ONLY			
Reviewed by:		DATE:	
Volunteer Package Date Sent: _____ Date Received: _____ Approved/Denied: _____			
Comments:			
Start Date or Specific Timeframe(s):			
Assigned Program(s):			
Assigned Supervisor(s):			
Orientation and Authorizations Completed and on File?			

*A background check (including criminal records check & fingerprinting) may need to be completed before any volunteer can be considered with MCCDC. Failure to complete the background check satisfactorily may affect the volunteer's status.