

Skills & Experience

Have you ever volunteered before?

YES NO

If YES, please describe your experience. If NO, why did you choose to volunteer at SBMM?

What do you hope to gain from your volunteer experience here?

Please list two references that we can contact:

1) _____	Phone: _____
2) _____	Phone: _____

Please list any **physical limitations** you might have (e.g. no heavy lifting, unable to stand for long periods, etc.) or **medical conditions** we should know about in case of emergencies.

Have you ever been convicted of a felony? Yes No

If so, Please explain: _____

Comments: _____

Questions? _____

Who can we contact in case of emergency?

_____ (Name)	_____ (Phone #)
Relationship: _____	Address: _____

Please return this form to:
Abbey Chamberlain, Volunteer Coordinator
113 Harbor Way – Suite 190, Santa Barbara, CA 93109
achamberlain@sम्म.org (805) 962-8404 x 111 (805) 962-7634 (fax)