VOLUNTEER INTEREST/AVAILABILITY FORM

LAST NAME: ________________________ FIRST NAME: ________________________ DATE: ____________
ADDRESS: ________________________ CITY, STATE: ________________________ ZIP: ____________
PHONE: (Day) ________________________ (Eve) ________________________ SEX: (circle) M F
E-MAIL ADDRESS: ________________________ DATE OF BIRTH: ____________
OCCUPATION (LIST EMPLOYER OR SCHOOL): ________________________

WHAT DAYS CAN YOU VOLUNTEER? ________________________
WHAT TIMES CAN YOU VOLUNTEER? ________________________
WHICH PROGRAM(S) INTERESTS YOU THE MOST?

CLERICAL___ DAYCARE___ NUTRITION___ HOME DELIVERY___ RECEPTION___
ESCORT/HOME VISITOR___ SPECIAL EVENTS___ OTHER_________________________________

LANGUAGE: PRIMARY_______________ SECONDARY_______________ OTHER_______________
AREAS OF SPECIAL INTEREST/ABILITIES (i.e. Arts, Crafts, Exercise, Music): ________________________

PREVIOUS VOLUNTEER EXPERIENCE: ________________________
HOW DID YOU HEAR ABOUT KIMOCHI? ________________________

WOULD YOU LIKE TO BE ON KIMOCHI’S EMAIL/MAILING LIST TO RECEIVE UPDATES?

□ YES □ NO

**************************************DO NOT FILL BELOW THIS LINE**************************************

Interview: ________________________ Orientation: ________________________ Starting Date: ____________
Position: ________________________ Program: ________________________ Supervisor: ________________________
Comments: ________________________

CONTINUE TO OTHER SIDE

Kimochi Administration: 1715 Buchanan St., San Francisco, CA 94115  tel 415.931.2294  fax 415.931.2299  email kimochikai@kimochi-inc.org
Kimochi Home: 1531 Sutter St., S.F., CA 94109  tel 415.922.9972 • Kimochi Nutrition: 1840 Sutter St., S.F., CA 94115  tel 415.931.2287
Kimochi Lounge: 1581 Webster St. # 202, S.F., CA 94115  tel 415.563.5626 • Kimochi San Mateo: 453 N. San Mateo Drive, San Mateo, CA 94401  tel 650.388.7130
Rev. 10/2018
IN CASE OF EMERGENCY, NOTIFY:

NAME: __________________________  RELATIONSHIP: __________________________  PHONE: __________________________

ADDRESS: ________________________  CITY, STATE: __________________________  ZIP: __________________________

GENERAL HEALTH (explain any medical or physical limitation that might impact your work as a volunteer):

________________________________________________________________________________________

LIST ANY ALLERGIES:

________________________________________________________________________________________

LIST ALL MEDICATION YOU ARE TAKING:

________________________________________________________________________________________

VOLUNTEER DECLARATION, STATEMENT OF CONFIDENTIALITY, LIABILITY WAIVER AND PHOTO/VIDEO RELEASE FOR PUBLIC RELATIONS MATERIALS

I certify that the above information is true and correct to the best of my knowledge. I agree to uphold the professional code of confidentiality. I understand that I am not to discuss any client information outside of the agency unless it is with an agency professional as part of the treatment plan or as part of privileged communication between myself and professional involved in the health and well being of the client.

I, the undersigned, or as parent and guardian of ______________________________ hereby waive and release Kimochi, Inc., its employees, agents, officers, personal representatives, successors or predecessors in interest, insurance companies from any and all actions, causes of action, claims, demands, costs, loss of services, expenses and compensation, on account of, or in any way growing out of, any and all known and unknown personal injuries, property damage and intangible damage resulting or to result from or by reason arising out of my work at Kimochi, Inc. and its facilities. I agree that if I am working as a volunteer, I am doing so at my own risk and I agree to hold Kimochi, Inc. and its employees and agents harmless for any harm that I may incur or while doing activities at Kimochi, Inc.

I understand that Kimochi, Inc. produces and updates its multi-media public relation materials (newsletters, e-blasts, website, etc.). I give my consent without reservation for any photo(s)/video(s) taken at the Kimochi sites/events of myself included and my name to be part of Kimochi, Inc.’s multi-media public relation materials. I recognize that Kimochi, Inc. will do its best to update public relations materials, however, photo(s)/video(s) of individuals may be used perpetual even after the person(s) has/have passed away. All photo(s)/video(s) taken will become the sole property of Kimochi, Inc. Use of photo(s)/video(s) will require written request by the individual(s) and in turn written approval from Kimochi, Inc. will be required before photo(s)/video(s) are released for the purpose to promote a positive image for Kimochi, Inc.

PARTICIPANT’S NAME (PLEASE PRINT)  PARENT OR GUARDIAN’S NAME (PLEASE PRINT)

PARTICIPANT’S SIGNATURE (REQUIRED BY ALL)  PARENT OR GUARDIAN’S SIGNATURE

DATE

Kimochi Administration: 1715 Buchanan St., San Francisco, CA  94115   tel 415.931.2294   fax 415.931.2299   email kimochikai@kimochi-inc.org
Kimochi Home: 1531 Sutter St. , S.F., CA  94109   tel 415.922.9972 • Kimochi Nutrition: 1840 Sutter St., S.F., CA  94115   tel 415.931.2287
Kimochi Lounge: 1581 Webster St. # 202, S.F., CA  94115 tel 415.563.5626 • Kimochi San Mateo: 453 N. San Mateo Drive, San Mateo, CA 94401 tel 650.388.7130

Rev. 10/2018