

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:

Lindsay Downing, Volunteer Coordinator

113 Harbor Way, Suite 190 | Santa Barbara, CA 93109

ldowning@sम्म.org | (805) 962-8404 x 109 | (805) 962-7634 (fax)