



SANTA MARIA URBAN MINISTRY

OF SAN JOSE

IN JESUS CHRIST & THE EPISCOPAL DIOCESE OF ÉL CAMINO REAL

Offering to All a Safe Place of Welcome, Service and Positive Transformation

VOLUNTEER REGISTRATION FORM
(HOJA DE REGISTRO PARA VOLUNARIOS)

DATE:
(FECHA)

NAME (NOMBRE) **CLIENT #** (CLIENTS) (NUMERO DE CLIENTE) **AGE** (STUDENTS) (EDAD) (ESTUDIANTES)

ADDRESS: _____
(DIRECCIÓN)

TELEPHONE: _____ **EMAIL:** _____

CHURCH AFFILIATION: _____
(IGLESIA/ DENOMINACIÓN Y CIUDAD) **CHURCH NAME/DENOMINATION AND CITY**

PURPOSE OF VOLUNTEER HOURS - CHECK ALL THAT APPLY:
(PROPOSITO DE HORAS COMO VOLUNTARIO - COMPRUEBE TODO EL QUE APLIQUÉSE:

SELF: **SCHOOL:** **COURT:** **OTHER:**
(SI MISMO) (ESCUELA) (CORTE) (OTRA)

REPORTING AGENCY: _____
(AGENCIA DE REPORTE) **CONTACT:** _____

SCHEDULE (HORARIO): _____ **DAYS:** _____ **TIME:** _____
(Food Pantry Hours are 9a.m. – 12 p.m.) (DIAS) (HORAS)

EMERGENCY PHONE #: _____
(TELÉFONO DE EMERGENCIA) **NAME/NOMBRE**

CONTACT PERSON IN CASE OF EMERGENCY, MAY BE PARENT/GUARDIAN/RELATIVE
(NOMBRE Y TELEFONO DE PERSONA QUE PODEMOS CONTACTAR EN CASO DE URGENCIA)

I agree to notify my Supervisor at Santa Maria Urban Ministry in case of absence or changes in my work schedule. I understand that my schedule/responsibilities may change occasionally, and that I will be notified prior to any changes in my work schedule/responsibilities. (Yo entiendo y estoy de acuerdo con lo anterior.)

SIGNATURA/FIRMA

DATE

778 SOUTH ALMADEN
FAX: (408) 292-0728

SAN JOSE, CA 95110
E-MAIL: SMUM@SBCGLOBAL.NET

PHONE: (408) 292-3314
WEBSITE: WWW.SMUM.ORG