

Volunteer Application

Name (First, Last)

Email address

Phone number

Date of birth / age

Do you have a valid driver's license and automobile insurance to transport other adults? Yes No

When are you able to begin volunteering?

What days are you available to volunteer?

Check all that apply

- ☐ Monday
- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Weekends

*When are you available to volunteer? **

Check all that apply

- ☐ Morning
- ☐ Afternooon
- ☐ Evening
- ☐ Weekends

Our Mission:

An organization created to support individuals who are providing support: the caregivers and trailblazers for individuals who are caring for others who are afflicted by Alcoholism, Developmental Disabilities, Mental Illness, Personality Disorders.

Our Mission is to fill the gap between Social Services, Medical Insurance, aging parents, Regional Center Services and REALITY by providing immediate relief, resources, referrals and respite to those who love and care for others affected by these conditions.

Create an open and real dialogue that eliminates stigma and shame.

Hold My Beer Foundation

Email: info@holdmybeerfoundation.org

Phone: 760.207.3802

Registered Charity: nonprofit status pending

Which volunteer opportunities are you interested?

- Job training
- Life coaching
- Meetups
- Fundraising events
- Transportation
- Office/Filing
- Volunteer Coordinator

Briefly describe your volunteer experience.

Note organizations for which you've volunteered, tasks and any supervisory positions you've held.

Emergency Contact

Name and phone number of the person we can contact on your behalf in case of an emergency.

Any physical conditions that limit your ability to perform certain volunteer duties?

Please note any conditions, weight lifting limitations,

Yes No

If yes, what accommodations can The Foundation provide in order for you to volunteer?

List any talents, skills or special training you have

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