



**Blessings for Your Soles**

4001 Inglewood Ave.

Bldg. 101 Ste 629

Redondo Beach, CA 90278

310-371-0225

Please fill out this form and return to Blessings for Your Soles to receive consideration for a volunteer position. You may attach this form to an email and send to [info@blessingsforyoursoles.org](mailto:info@blessingsforyoursoles.org) or you may mail it to our mailing address.

Blessings for Your Soles is a 501(c)(3) organization working to provide socks and footwear throughout the United States and internationally to the homeless, veterans, children's hospitals/extended pediatric care facilities, senior long term care facilities and at-risk youth to help with their physical and mental well-being. All volunteer recruitment decisions will not be influenced by race, nationality, religion, marital status, sexual orientation, disability, or age.

After we receive your application, we will contact you and arrange for a phone or online interview. All information on this form will be kept confidential and we will work with you to find the perfect volunteer project for you. Please be advised that, since we work with vulnerable populations, we may require a criminal background check if interacting with recipients while delivering donations.

**Liability Release:**

*As a volunteer of Blessings for Your Soles I agree to abide by all policies and procedures. I understand that I volunteer at my own risk and neither the organization nor its employees assume any liability for any accidental injury or health problem arising from volunteer work I perform for the organization. I agree that all work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# VOLUNTEER APPLICATION

## SECTION I

Date \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Are you at least 18 years of age?  Yes  No

## SECTION II

Previous Volunteer Experience \_\_\_\_\_

Do you have skills, special interests, or experience you would like us to consider?

Languages Spoken: \_\_\_\_\_

## SECTION III

### Availability

*Please check all that apply*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

## SECTION IV

### Volunteer Assignment Preferences

*(Please check the ones you are most interested in)*

- Fundraising (i.e. phone calls, soliciting local businesses, thank-you notes, grant writing)
- Remote help (routine organizational or administrative tasks)
- Events (fundraisers, celebratory events)
- Sock/Shoe Drives (collecting, sorting, counting, and distributing)
- Communications (writing copy for publications and fundraising messages)  
*social media experience appreciated*

**SECTION V**

Do You Have A Valid (State) Driver's License? Yes No (*Complete if position requires driving*)

License Number: \_\_\_\_\_ Vehicle License Plate Number \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Do You Have Any Physical Condition that May Limit Your Activities? Yes No

If Yes, Describe: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**SECTION VI**

How did you hear about Blessings for Your Soles?

- Website
- Facebook
- Instagram
- Print Advertising
- Word of Mouth
- Other \_\_\_\_\_

**SECTION VII References**

Please list two people we may call who are NOT family members:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

I hereby give my consent to contact my references and to conduct a background check.

**Signature:** \_\_\_\_\_