YOUNTVILLE CHAMBER of COMMERCE

Yountville Chamber of Commerce & Welcome Center

6484 Washington Street, Suite F Yountville, CA 94599 (707) 944-0904 www.yountville.com

Volunteer Application

NAME:							
ADDRESS:							
CITY, STATE ZIP: _							
TELEPHONE:		E-MAIL:					
BIRTHDAY:	Share	e with other volunteer	rs? Yes	No	_		
		WORK SCHEE	DULE QUEST	TIONNAIRE			
10:00 a.m. to 1:00	p.m. or 1:00 to	ne day per week <u>or</u> tv 4:00 p.m. Weekend s week such as Monday	shifts are 5	hours in leng	th and from 10	•	
If yes, please list t	he day/days you	ı can work in order of	preference	1	2		-
3	4	5		6	7		-
Are you amenable	to trading a day	y occasionally with an	other volun	teer? If yes,	what day/day	s of the week a	re you able
to work?							
	Why do	you want to voluntee	er for the Yo	ountville Wel	come Center?	1	
NOTICE: Voluntee	ers must be able	to sit, stand and lift u	ıp to 25 lbs.	Volunteers	must have goo	od listening skills	S.
Volunteers are rec	nuired to cover t	heir assigned shifts w	vith a floater	or another	volunteer whe	on necessary Vo	Junteers

Volunteers are required to cover their assigned shifts with a floater or another volunteer when necessary. Volunteers should always communicate their concerns directly with the Welcome Center Manager. Prospective volunteers will be interviewed prior to appointment and subject to a 60-day probationary period prior to receiving full volunteer benefits.

Signature: _____ Date: _____