



**PLEASE RETURN THIS FORM TO:** **KIMOCHI, INC.**  
*Thank you for your interest in our Volunteer Program. We will contact you upon review of your application. Placement and scheduling are based on program needs.*  
**ATTN: VOLUNTEER PROGRAM**  
**1715 BUCHANAN STREET**  
**SAN FRANCISCO, CA 94115**  
**FAX: (415) 931-2299**  
**EMAIL: KIMOCHIKAI@KIMOCHI-INC.ORG**

## VOLUNTEER INTEREST/AVAILABILITY FORM

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ SEX: (circle) M F  
 E-MAIL ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 OCCUPATION (LIST EMPLOYER OR SCHOOL): \_\_\_\_\_

WHAT DAYS CAN YOU VOLUNTEER? \_\_\_\_\_  
 WHAT TIMES CAN YOU VOLUNTEER? \_\_\_\_\_

WHICH PROGRAM(S) INTERESTS YOU THE MOST?  
 CLERICAL\_\_\_ DAYCARE\_\_\_ NUTRITION\_\_\_ HOME DELIVERY\_\_\_ RECEPTION\_\_\_  
 ESCORT/HOME VISITOR\_\_\_ SPECIAL EVENTS\_\_\_ OTHER\_\_\_\_\_

LANGUAGE: PRIMARY\_\_\_\_\_ SECONDARY\_\_\_\_\_ OTHER\_\_\_\_\_

AREAS OF SPECIAL INTEREST/ABILITIES (i.e. Arts, Crafts, Exercise, Music): \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_  
 HOW DID YOU HEAR ABOUT KIMOCHI? \_\_\_\_\_

WOULD YOU LIKE TO BE ON KIMOCHI'S  
 EMAIL/MAILING LIST TO RECEIVE UPDATES?  YES  NO

\*\*\*\*\*DO NOT FILL BELOW THIS LINE\*\*\*\*\*

Interview: \_\_\_\_\_ Orientation: \_\_\_\_\_ Starting Date: \_\_\_\_\_  
 Position: \_\_\_\_\_ Program: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### CONTINUE TO OTHER SIDE

IN CASE OF EMERGENCY, NOTIFY:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

GENERAL HEALTH (explain any medical or physical limitation that might impact your work as a volunteer):

\_\_\_\_\_

LIST ANY ALLERGIES: \_\_\_\_\_

LIST ALL MEDICATION YOU ARE TAKING: \_\_\_\_\_

**VOLUNTEER DECLARATION, STATEMENT OF CONFIDENTIALITY AND LIABILITY WAIVER**

I certify that the above information is true and correct to the best of my knowledge. I agree to uphold the professional code of confidentiality. I understand that I am not to discuss any client information outside of the agency unless it is with an agency professional as part of the treatment plan or as part of privileged communication between myself and professional involved in the health and well being of the client.

I, the undersigned, or as parent and guardian of \_\_\_\_\_ hereby waive and release Kimochi, Inc., its employees, agents, officers, personal representatives, successors or predecessors in interest, insurance companies from any and all actions, causes of action, claims, demands, costs, loss of services, expenses and compensation, on account of, or in any way growing out of, any and all known and unknown personal injuries, property damage and intangible damage resulting or to result from or by reason arising out of my work at Kimochi, Inc. and its facilities. I agree that if I am working as a volunteer, I am doing so at my own risk and I agree to hold Kimochi, Inc. and its employees and agents harmless for any harm that I may incur or while doing activities at Kimochi, Inc.

\_\_\_\_\_  
**PARTICIPANT'S NAME (PLEASE PRINT)**

\_\_\_\_\_  
PARENT OR GUARDIAN'S NAME (PLEASE PRINT)

\_\_\_\_\_  
**PARTICIPANT'S SIGNATURE (REQUIRED BY ALL)**

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
**DATE**

**PHOTO/VIDEO RELEASE FOR PUBLIC RELATION MATERIALS**

I understand that Kimochi, Inc. continues to update its multi-media public relation materials (newsletters, e-blasts, website, etc.) and I give my consent without reservation for any photo(s)/video(s) taken at the Kimochi sites/events of myself included and my name to be part of Kimochi, Inc.'s multi-media public relation materials.

\_\_\_\_\_  
**PARTICIPANT'S NAME (PLEASE PRINT)**

\_\_\_\_\_  
PARENT OR GUARDIAN'S NAME (PLEASE PRINT)

\_\_\_\_\_  
**PARTICIPANT'S SIGNATURE (REQUIRED BY ALL)**

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
**DATE**