



Pacific Institute Volunteer Program
611 Laguna Street
San Francisco, CA 94102
Phone 415. 861.3455 • Fax 415.651.8671
info@pacificinstitute.org

Volunteer Application Summary

Name: _____ Signature _____ Date _____

Best Ph# to be reached at _____ Other Ph.#: _____

Email address _____ Mailing address _____

Volunteer Site Requested: _____ Hours and days available: _____

List all other volunteer placements you have had in the past.

1. _____
2. _____
3. _____

Letters of recommendation will be coming from the following (Name and contact info: phone or e-mail)

1. _____
2. _____
3. _____

What are your personal and professional “dreams”?

(For Office Use) Application Material Received and Schedule for Interview

_____ PI Volunteer Application _____ Bio/Testimonial –one page 1.____2.____3.____ letters of recommendation

_____ Fingerprinting _____ TB Test _____ 1st.Aid & CPR _____ Health Certification _____ Emergency Information

_____ Date Scheduled Personal Interview _____ Leading Interviewer _____ Confirmed by

Comments _____