



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, LIABILITY WAIVER
AND PHOTO/VIDEO RELEASE FOR PUBLIC RELATIONS MATERIALS**

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.

I understand that Kimochi, Inc. produces and updates its multi-media public relation materials (newsletters, e-blasts, website, etc.). 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. I recognize that Kimochi, Inc. will do its best to update public relations materials, however, photo(s)/video(s) of individuals may be used perpetual even after the person(s) has/have passed away. All photo(s)/video(s) taken will become the sole property of Kimochi, Inc. Use of photo(s)/video(s) will require written request by the individual(s) and in turn written approval from Kimochi, Inc. will be required before photo(s)/video(s) are released for the purpose to promote a positive image for 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

Kimochi Administration: 1715 Buchanan St., San Francisco, CA 94115 tel 415.931.2294 fax 415.931.2299 email kimochikai@kimochi-inc.org

Kimochi Home: 1531 Sutter St., S.F., CA 94109 tel 415.922.9972 - Kimochi Nutrition: 1840 Sutter St., S.F., CA 94115 tel 415.931.2287

Kimochi Lounge: 1581 Webster St. # 202, S.F., CA 94115 tel 415.563.5626 - Kimochi San Mateo: 453 N. San Mateo Drive, San Mateo, CA 94401 tel 650.388.7130