



**4) What experiences have you had in doing volunteer work?**

**5) Are there any other experiences you've had that would aid you in being a HICAP Counselor?**

**6) Do you have any hobbies / special skills / interests?**

**7) How did you hear about the HICAP volunteer program?**

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HICAP is looking for volunteers who will actively participate in the program. Please read the following statements carefully. You acknowledge your willingness to participate in the program and adhere to its procedures by signing your name.

- 1) *I have read the HICAP Volunteer Counselor job description, am aware of the duties and responsibilities, and am willing to undertake them.*
- 2) *I am willing to work as a HICAP Volunteer Counselor for a minimum of one year at an average of ten hours per month.*
- 3) *I am willing and able to attend the bi-monthly volunteer training sessions.*
- 4) *I have a valid California drivers' license and adequate personal automobile insurance. (The State Department of Aging requires this for those who will be driving their private vehicle to and from HICAP sites during normal business hours.)*

CDL#: \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

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