AMERICA'S SBDC CALIFORNIA
NORTHEASTERN CA NETWORK
CAPITAL ★ REGION

EMPLOYEE TRAINING REQUEST FORM

Volunteers of America®
NORTHERN CALIFORNIA & NORTHERN NEVADA

BUSINESS INFORMATION:

Company Name:

Point of Contact:

Phone: Email:

Current Address:

City: State: ZIP:

Number of Full Time Employees: Number Needing Training:

Training Topics Needed:

TIMING OF TRAINING: (*Minimum of 8 hours*)

Best day of the week to train: ❍ Monday ❍ Tuesday ❍ Wednesday ❍ Thursday ❍ Friday

Training Location (my office): Other Location:

I can commit to train 8 hours the following way: ❍ Four, 2-hour sessions ❍ Two, 2-hour sessions ❍ Other _____

EMPLOYEE INFORMATION: *(Training is for full time employees working 35 or more hours)*

Employee Name: Date Hired:

Hourly Wage: SSN:

Full Time Employee Working 35+ Hours: ❍ Yes ❍ No Employee ID Number (*optional*):

Employee Name: Date Hired:

Hourly Wage: SSN:

Full Time Employee Working 35+ Hours: ❍ Yes ❍ No Employee ID Number (*optional*):

Employee Name: Date Hired:

Hourly Wage: SSN:

Full Time Employee Working 35+ Hours: ❍ Yes ❍ No Employee ID Number (*optional*):

EMPLOYEES NEEDED: (*100% Wage reimbursement for six months through Volunteers of America*)

Number of positions to fill: Need to fill these positions by: I would like Volunteers of America to contact me: ❍ Yes ❍ No

Brief description of position:

I authorize the verification of the information provided on this form, all information regarding employees and personal information is accurate.

Business Owner Signature: Date:

SBDC Director Signature: Date:

Volunteers of America Director Signature: Date:

Capital Region SBDC Contact: Amber Palmer (916) 321-9148 – apalmer@metrochamber.org

Volunteers of America Contact: Patrick Fitzgerald (916) 400-4318 – pfitzgerald@voa-ncnn.org