



Hillsborough Auxiliary to Peninsula Family Service

Membership Application

Applications for the 2025-26 service year will be accepted through March 31, 2025.
Candidates will be notified of the status of their application by April 30, 2025.

Candidate Information:

Thank you for your interest in HAPFS! We'd love to know a little bit more about you...

Name: _____

Address: _____ City _____ State _____ ZIP _____

Contact: Home _____ Cell _____ Work _____

Email: _____

Occupation and Employer Name (if applicable):

Spouse's/Partner's Name (if applicable): _____

Children's Names and Ages (if applicable):

Sponsor's Name: _____

In what capacity do you know your sponsor? _____

How long have you lived on the Peninsula? _____

Additional Information:

HAPFS' mission is to support Peninsula Family Service through fundraising and volunteer efforts and to strengthen personal relationships through diverse enrichment activities. Please tell us why you would like to join these efforts and what you hope to gain by participating in our organization:

What other volunteer organizations/projects have you been involved in and in what capacity?

What areas of expertise/skills/talents/interests do you have?

Our Auxiliary hosts several events each year, primarily our Thanks for Giving Holiday Boutique and Luncheon and our main fundraiser, The Spring Gala. We also host and organize various other events and service projects throughout the year. Please mark the areas you are most interested in contributing to:

- Database Input and Upkeep
- Social Media Communications
- Website Development or IT
- Accounting or Financial Skills
- Party and Event Planning
- Floral and Decoration Talent

- Underwriting
- Securing Donations
- Serving on Gala Committee
- Serving on TFG Committee
- Service Project Assistance
- Procuring New Members

Is there anything else you'd like to share with us?

I have read, understand, and accept the commitments of membership in the Hillsborough Auxiliary to the Peninsula Family Service and would like to be considered for volunteer status at this time.

Signature: _____ Date: _____

Printed Name: _____

Please return your completed application form to:

Mail: Diane Leonard, 315 Castilian Way, San Mateo, CA 94402

Email: dianepleonard@gmail.com

Questions?

Please contact your sponsor or reach out to one of our Membership Co-Chairs:

Diane Leonard dianepleonard@gmail.com

Leslie Ragsdale lesrags@gmail.com

Maria Collazos Tsao maria_collazos@yahoo.com