



**VOLUNTEER PROGRAM  
APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Skills, Talents and Languages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ Transportation? \_\_\_\_\_

Have you ever been convicted of a violation or attempted violation of Section 243.4 of the Penal Code, a sex offense against a minor, or of any felony, which requires registration pursuant to Section 290 of the Penal Code? Yes No

How did you become interested in the volunteer program?

\_\_\_\_\_  
\_\_\_\_\_

Assignments Preferred: \_\_\_\_\_  
\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_

Other Applicable Experience: \_\_\_\_\_  
\_\_\_\_\_

Certification or Licenses Held: \_\_\_\_\_

Hours Available:

Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Do you have any limitations related to health or physical ability? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

---

Completion of the Remainder of this Form is Optional

Volunteers are recruited and selected on their interests, skills, knowledge and abilities. A diverse corps of volunteers is both necessary and desirable. The program office uses the following demographic information to meet diversity goals.

Please Check One:

\_\_\_\_\_ Black (Not Hispanic)      \_\_\_\_\_ White (Not Hispanic)      \_\_\_\_\_ Hispanic  
\_\_\_\_\_ American Indian or Alaskan Native      \_\_\_\_\_ Asian or Pacific Islander

Please Check One:

\_\_\_\_\_ 18-25      \_\_\_\_\_ 26-35      \_\_\_\_\_ 36-45  
\_\_\_\_\_ 46-55      \_\_\_\_\_ 56-65      \_\_\_\_\_ Over 65