



Volunteer Application Adult

PLEASE PRINT ALL INFORMATION

THIS APPLICATION AND THE PERSONAL INFORMATION CONTAINED HEREIN ON PAGES ONE AND TWO REMAINS IN THE VOLUNTEER OFFICE AND IS NOT AVAILABLE TO ANYONE OTHER THAN THE VOLUNTEER COORDINATOR AND DIRECTOR OF DEVELOPMENT

Last Name: _____ First: _____ Nickname: _____

Age: _____ License/ID: _____ Expires: Mo _____ Day _____ Year _____

Home Address: _____

Home City: _____ CA Zip _____

Home Phone: (____) _____ - _____ Home FAX: (____) _____ - _____

Work Phone: (____) _____ - _____ ext _____ Work FAX: (____) _____ - _____

E-Mail: _____ Cell Phone: (____) _____ - _____

Occupation: _____ May we contact you at work? _____

Employer: _____ Employment: Years _____ Mos. _____

Work Address: _____

Work City: _____ CA Zip _____

Student: (Y) _____ (N) _____ How Did You Hear About Us: _____

School (if applicable) _____ Program: _____

What volunteer, paid, or educational experiences have helped you in working with people and children or teens:

Activity _____ Group _____ Dates _____ to _____

Activity _____ Group _____ Dates _____ to _____

Languages you speak other than English: () Spanish () Others _____

Are you in good health? () Yes () No - If no, explain: _____

Is it necessary for you to limit your physical activity in any way? () Yes () No

If yes, describe: _____

Previous Education – Highest Level:

School _____ Major _____ Degree _____

Licenses and Certifications (MD, DDS, Attorney, RN, LVN, EMT, HAM, First Aide, CPR, etc (circle or specify)

License Type: _____ State: _____ Number: _____ Expires: _____

Emergency Contact: Name: _____ Relationship: _____

Daytime Phone: _____ E-mail: _____

Have you ever been convicted of child abuse, neglect or endangerment, or convicted of a felony?
Check One: No () or Yes () Is there something you would like to tell us about? If yes, please explain:

ALL VOLUNTEERS - - - - -

I understand the above information is voluntarily supplied. I understand as a member of Crittenton’s volunteer program I will not be paid for my services. I understand that I must have a valid California Driver’s License or State ID Card and a home address and phone number in order to become a Crittenton Volunteer.

I understand the information presented to me in the Volunteer Orientation as related to issues of client and agency confidentiality, mandated reporting requirements and the maintenance of appropriate boundaries with the clients and staff must be maintained at all times, even after the completion of my term of service as a Crittenton volunteer.

Volunteer Signature _____ Date: _____

Acknowledgement of Training

Volunteer Coordinator _____ Date: _____

Acceptance as a Volunteer

Are you affiliated with an existing Crittenton Volunteer Group:

AVAILABILITY AND INTEREST: Please indicate your availability and areas of interest from above. Fill in as many as apply.

Place an “X” next to the times you are available for volunteer service

DAY	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	Not Available
Sunday	_____	_____	Not Available

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For Office Use Only	
Orientation: _____	Start _____
GRP _____	Place _____
Vol Picmt . _____	Vol. Con. _____
Grp Leader _____	Background _____
DP _____	Google Contact _____
SURVEY _____	