



Volunteer Application - Adult

PLEASE PRINT ALL INFORMATION

Last Name: _____ First: _____ Nickname: _____

SSN _____ - _____ - _____ CDL/ID#: _____ Expires: Mo. _____ Day: _____ Year: _____

Home Address: _____

City: _____ State: _____ Zip: _____

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

Email: _____ @ _____

Occupation: _____ Employer: _____

How did you hear about us: _____

List any volunteer, paid, or educational experiences related to working with people, teens or children:

Activity: _____ Group: _____ Dates: _____ to: _____

Activity: _____ Group: _____ Dates: _____ to: _____

Languages other than English: _____

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: _____

Emergency Contact: Name: _____ Relationship: _____

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



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Have you ever been convicted of child abuse, neglect or endangerment, or convicted of a felony?

Check One: Yes No - Is there something you would like to tell us about?

If yes, explain: _____

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 and supply a copy of 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 that proof of vaccinations/screenings may also be required.

I understand the information presented to me in the Volunteer Orientation training 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: _____

Printed Name: _____

Acknowledgement of initial Volunteer Orientation training

Crittenton Representative: _____ Date: _____

AVAILABILITY: Please indicate availability and areas of interest. Place an "X" next to the times you are available to volunteer.

DAY:	<u>Morning</u>	<u>Afternoon</u>	<u>Evening</u>
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

For Office Use Only

Orientation Date: _____ Start Date: _____

Group/Program : _____ Background Date: _____

Google: _____ Constant Contact: _____