



Volunteer Application

P.O. Box 1424
Upland, Ca 91785-1424

PERSONAL INFORMATION:

(Please print clearly in blue or black ink and use your legal name as some volunteer opportunities will require a background check.)

First Name:	Middle:	Last Name:
Address, City, State, and Zip:		
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth:	Social Security No:
Home Telephone: ()	E-Mail Address:	
Work Telephone: ()	Driver's License Number:	
Cell Telephone: ()		

Please list any other names you have used: _____

EMERGENCY INFORMATION:

Emergency Contact:	Relationship:
Home Telephone:	Work Telephone:
Name of Primary Physician:	Physician's Telephone:

Can you perform the essential functions of the job without reasonable accommodations?

Yes No If you require accommodation, what is the accommodation you are requesting?

EDUCATION:

High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No		Highest grade completed or current grade enrolled: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	
College or University (City, State, Country)	Major:	Quarter Units:	Semester Units:
	Minor:	Type of Degree:	<input type="checkbox"/> Completed <input type="checkbox"/> In Progress
Vocational Training:		Certificates:	

BACKGROUND INFORMATION

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain (this is not necessarily disqualifying information): _____

WORK AND VOLUNTEER EXPERIENCE

Are you currently employed? Yes (If yes, please complete information below) No

Employer:	Address:
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Describe Job Duties:

Do you have previous volunteer experience? Yes No

If yes, please list agency, responsibility and dates of experience:

Please list any special skills, hobbies, or achievements:

PERSONAL REFERENCES

Please list THREE references (TWO PROFESSIONAL and ONE PERSONAL) who do not reside in the same household and who are not related to you.

Name	Address	Telephone	Position

PREFERENCES

Please check the type of volunteer opportunities that would most like to do:

- Single event Weekly Part-time On an as needed basis

Please check all that interest you:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Painting | <input type="checkbox"/> General Maintenance | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Adult Education |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Electrical | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Kids Group and Games |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Office work | <input type="checkbox"/> Crafts with Kids |
| <input type="checkbox"/> Room readiness Cleaning | <input type="checkbox"/> "New Woman" Welcome Basket | <input type="checkbox"/> Tutoring Children | <input type="checkbox"/> Christmas Store |
| | | <input type="checkbox"/> Other: _____ | |

Please check the days you are available:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday

I understand that my statement on this application will be checked for accuracy and if any information is NOT true, this application will be rejected. I further understand that my a completed application does not guarantee me a volunteer position.

Signature of Applicant

Date

