

APPLICATION FOR VOLUNTEER



(PLEASE PRINT)

Date of Application:		How did you learn about us?		
Last Name		Fist Name		Middle Name
Address	Street	City	State	Zip Code
Home Telephone Number		Cellular Phone Number		Date of Birth:
Email Address:				
Emergency Contact Name:			Phone #:	
Do you have a valid California Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No Driver's License #:		Do you have automobile liability insurance? <input type="checkbox"/> Yes - If Yes, Name of Carrier <input type="checkbox"/> No - If No, Reason Why?		
Language(s) spoken: Mark all that apply - <input type="checkbox"/> Speak Fluently <input type="checkbox"/> Read Fluently <input type="checkbox"/> Write Fluently				

Best Time to contact you is ____:____AM/PM

Days available to Volunteer: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you available to Volunteer: Full time (Morning Afternoon Evenings)

Part time (Morning Afternoon Evenings)

Temporary (Please indicate dates available _____ - _____)

How many hours are you available for Volunteer: _____

Do you need to complete Volunteer Hours for School or Community Service? Yes No

If Yes, How Many Hours? _____

EDUCATION

School	Name & Address of School	Course of Study	No. of years Completed	Diploma / Degree
High School				
College				
Other (Specify)				

EMPLOYMENT/COMMUNITY EXPERIENCE

Employer	Title	Dates Employed		Reason For Leaving
		From	To	

Employer	Title	Dates Employed		Reason For Leaving
		From	To	

Print Name

Signature

Date

Parent/Guardian Name

Parent/Guardian Signature

Date

*If under 18 years old a Parent/Guardian Signature is required

Revised 02/14/2020

APPLICATION

1. What motivated you to apply to volunteer with our organization?

2. What would you like to get out of the volunteering experience?

3. Have you volunteered before?

4. What are your expectations of volunteering with La Familia Counseling Center?

5. What skills, abilities, and qualities would you like to contribute to the organization?

6. How long do you think you would like to volunteer with our organization for?

7. Do you have any extra support needs?

8. Are you prepared to attend training and/or an information sessions?

9. Are you prepared to undergo screening and/or a background check for our safety, your safety and our client's safety?

Yes No

10. When are you able to commence volunteering?
