

**VOLUNTEER
APPLICATION**

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Email _____

Present or Last Employer _____

Address _____

Telephone # _____ Supervisor _____

Job Title and Duties _____

Dates of Employment _____

Have you ever volunteered with Project Independence before? ____ Yes ____ No

Dates _____

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

(A conviction may be relevant if job-related, but does not necessarily bar you from employment;
do not provide information on a marijuana-related conviction that is more than two years old.)

If yes, please give dates and details _____

Have you been convicted of a DUI within the past 5 years? ____ Yes ____ No

Have you cited for a DMV Violation within the past 2 years? ____ Yes ____ No

Do you have First Aid Certification? ____ Yes ____ No

Do you have CPR certification? ____ Yes ____ No

I can speak the following languages _____

Date Available to Start _____

Days Available ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____ Sat ____ Sun

Hours Available _____

What type of volunteer position are you looking for?

What special skills or traits can you offer Project Independence?

What past experience have you had working with adults with developmental disabilities?

Do you have a valid California Driver's License? ____ Yes ____ No

Do you have valid automobile insurance? ____ Yes ____ No

Auto Insurance Carrier _____

Policy # _____

Name Insurance is carried under _____

Renewal Date _____

I understand I must maintain and provide proof of current automobile insurance. (Initial) ____

If you are a student, please fill out the following:

Presently enrolled at _____

Year/Major _____

of hours needed _____

School Schedule _____

Please list three references that are not related to you and have known you for over one year.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Emergency Contact Person:

Name _____

Phone _____

Relationship _____

Please describe thoroughly why you want to volunteer with Project Independence:

PLEASE READ THIS STATEMENT CAREFULLY

I certify that all the answers and/or statements I have made on this application are true and correct without omission. I acknowledge that any false statement or misrepresentation on this application will be cause for refusal to hire or for immediate dismissal from volunteering at anytime. I authorize this company to contact any of my past employers. I authorize my past employers to furnish any information concerning my previous employment. I release this company and all persons and organizations from all claims and liabilities of any nature arising from such investigations. I also understand that an investigation report may be made whereby information is obtained through personal interviews and agency background checks to my character, general republication, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigative consumer report. I have read and understand the foregoing statements and accept the same as conditions of volunteering.

CONDITIONS OF VOLUNTEERING

1. Volunteers may work in a position in which they will transport a client and will be asked to provide a current DMV report, a valid driver's license, and show proof of auto insurance during the course of volunteering.
2. Volunteers will be subject to a criminal background search through fingerprinting.
3. All volunteer positions are unpaid.

Signature

Date