## Volunteer Application



Name:		Date:						
First M.I. L	ast							
Address:								
Street	City	State	ZIP					
Contact: ( ) -	( ) -							
Home Phone	Mobile Phone	Email						
Referred By:								
Do you have any physical or health restrictions? ☐ Yes ☐ No  If yes, explain:								
Have you ever been convicted of a felony or misdemeanor? Yes $\square$ No $\square$ If yes, one a separate sheet of paper, give the following information for each offense: (1) date, (2) charge, (3) place, (4) court and (5) action taken. You may omit any offense rendered final in a juvenile court, under a youth offender law, or listed in labor code section 432.8. A conviction will not necessarily disqualify you from employment. False statements or omissions of convictions(s) shall be just cause for disqualifications from volunteering.								
All volunteers of Hillside House are required to have a recent T.B. test (PPD within one year, or X-ray within 3 years). Are you								
willing to have a T.B. test at our expense	upon a conditional offer c	of volunteer position? $\Box$ Yes	s 🗆 No					
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Volunteer Preferences & Availability								
Position Desired:		Date Available:						
Check your reasons or goals for volunteering with Hillside House (check all that apply):  Social interaction & meeting new people Learning about Hillside House and its operations  Completing hours of community service Giving back to the community  Gaining a recommendation for work or college Learning new skills (specify)  Other:  List the ways in which you would enjoy helping Hillside House.								
What is your availability for volunteering?								
Hours per week:								
Start date: End date:								
<u>Mon Tues W</u>	<u>'ed Thurs Fri</u>	<u>Sat</u> <u>Sun</u> □						

## Volunteer Application



Afternoons								
Evenings								
Skills, Education, & Experience								
Check any s	pecial skills	or experienc	e you hav	e.				
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☐ Activities with disabled adults				<ul><li>☐ Fundraising</li><li>☐ Public Relations/Marketing</li></ul>				
<ul><li>☐ Graphic Arts</li><li>☐ Arts/crafts</li></ul>			Event Coordination					
☐ Repair/construction work				erical				
☐ Gardening/Horticulture				eracy Tutoring				
	□ Professional writing/editing					cracy ratering		
☐ Language	_	_						
		lls (please cir	rcle) PC	Mac	Word	Excel		
Other:	•		•					
Dua, dala yalı			مريده باسمي	.:	ملا امتاما		seitien fen uikiek vou enelied	
Provide voit	inteer and/	or relevant v	vork exper	ience re	elated to	the po	osition for which you applied.	
Organ	ization	Job Tit	tle/Start and E	nd Dates		Sı	upervisor's Name & Phone Number	
Organ	ization	Job Tit	tle/Start and E	End Dates		Sı	upervisor's Name & Phone Number	
		_						
Education	Complete	d						
☐ High School ☐ College Degrees:								
Emergency	Contact:							
Name:						Ph	one:	
Relationship								
The following information is used only in the event of an emergency where the volunteer is unable to respond.								
Physical or mental disabilities or limitations Chronic conditions (allergies, diabetes, other)								
Chronic cond	iitions (alier	gies, diabete	es, other)_					
Certification & Signatures:								
I certify that this application and any supplemental information is true to the best of my knowledge and belief, and								
understand that false statements, information, or willful misrepresentation shall be just cause for rejection of this								

application or subsequent discharge. This application must be signed in ink and dated.

## Volunteer Application



Applicant signature	Date
Parent/guardian signature if applicant is a minor	Date