

### Volunteer Application

First Name:	M.I.	Last name:
Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
e-mail:		<input type="checkbox"/> Student <input type="checkbox"/> Non-Student
Area/Position of Interest:		
Volunteer Goals (service to community, work experience, school credit...):		
<b>Summary of Work Experience</b>		
Current Job Title and Employer:		
Brief Description of Current Duties:		
Brief Summary of Employment History:		
<b>Education</b>		
If enrolled, school now attending: <input type="checkbox"/> SRJC <input type="checkbox"/> SSU <input type="checkbox"/> Other: _____   Graduation Date: _____		
Major: _____   Degree(s): _____		
<b>Other Relevant Course Work, Skills, Licenses, Certificates, etc...</b>		
Are you fluent in another language? <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		
<b>Hours/Times Available</b>		
# of Hours/Week:	Days Available: (A.M.) <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat (P.M.) <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Term: <input type="checkbox"/> Ongoing <input type="checkbox"/> Short Term <input type="checkbox"/> Semester <input type="checkbox"/> Summer

**Volunteer Experience** (Brief summary of your volunteer history, if any)

**Hobbies and Special Interests** (What do you enjoy doing?)

**Transportation**

Do you have a valid California drivers license?  Yes  No Do you have auto insurance?  Yes  No

CA Driver's License #: \_\_\_\_\_ Class:  C  B Expiration Date: \_\_\_\_\_

Have you ever been put on probation? Has your license been suspended or revoked in the last 5 years?

Yes  No If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Background Checks** (Some positions may require background checks)

Have you ever been convicted of a felony:  Yes  No

Have you ever been convicted of a misdemeanor:  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**How did you learn about our volunteer program?**

- |  |  |
|--|--|
| <input type="checkbox"/> Current Volunteer | <input type="checkbox"/> Press Democrat        |
| <input type="checkbox"/> Volunteer Center  | <input type="checkbox"/> Other Newspaper _____ |
| <input type="checkbox"/> Current Employee  | <input type="checkbox"/> School _____          |
| <input type="checkbox"/> Newsletter        | <input type="checkbox"/> Web Site              |
| <input type="checkbox"/> Other _____       |  |

**Age:**  Under 14  14 - 17  18 – 20  21+

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only

Received Date: \_\_\_\_\_ Init: \_\_\_\_\_ Follow Up Date: \_\_\_\_\_ Init: \_\_\_\_\_