



VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer with The Effort. Please complete both sides of this application. After reviewing your application, an eligibility interview may be conducted with one of our staff.

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Date of birth: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email Address: _____

Best day(s) and time(s) to contact you: _____

Emergency Contact Name: _____ Phone: (____) _____

A. EDUCATION

1. Highest grade level completed: Grammar High School College

Diploma/Degree attained: _____ From: _____

2. Are you presently enrolled as a student? Yes No Name of School: _____

Degree you will receive and date: _____

B. EMPLOYMENT HISTORY

1. Are you presently employed? Yes No Retired? Yes No

2. Current Employer: _____ Position: _____

Address: _____

Phone: (____) _____ Dates of Employment: _____

3. Past Employer: _____ Position: _____

Address: _____

Phone: (____) _____ Dates of Employment: _____

C. VOLUNTEER EXPERIENCE AND TRAINING (If you have volunteered at another organization)

1. Organization: _____ Dates of Service: _____

Your duties: _____

2. Organization: _____ Dates of Service: _____

Your duties: _____

3. Organization: _____ Dates of Service: _____

Your duties: _____

D. REFERENCES (Please provide complete addresses for all references listed)

1. Name: _____ Phone: (____) _____ Relationship: _____

Address: _____ Zip _____

2. Name: _____ Phone: (____) _____ Relationship: _____

Address: _____ Zip _____

3. Name: _____ Phone: (____) _____ Relationship: _____

Address: _____ Zip _____

E. BACKGROUND INFORMATION (Please answer the questions below as completely as possible.)

1. Are you able to perform the essential functions of the volunteer position for which you are applying, either with or without reasonable accommodation? Yes No

If no, please describe the functions that cannot be performed:

2. I agree not to take any medication that will interfere with the ability to properly perform my volunteer duties. If a prescribed medication may interfere with the ability to perform my duties it should be discussed with The Effort staff. This does not require disclosure of the specific medication or the underlying medical condition.

3. Have you been convicted of any criminal offenses other than minor traffic violations? Omit references to convictions under California Health and Safety Code sections 11357(b) or (c), 11360 (b), 11365, or 11550 or 11364 related to marijuana which occurred two or more years ago and any pre-trial or post-trial diversion program. Yes No

If yes, please describe on another sheet of paper.

Disclosure of a criminal record will not necessarily disqualify you for volunteer consideration. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the volunteer position for which you are applying. However, failure to disclose such information may result in disqualification of your application or termination of your volunteer status.

F. GENERAL QUESTIONS

1. How did you hear about our volunteer program? _____

2. What interests you about volunteering with us? _____

3. What foreign language(s) do you speak fluently:

4. Personal reasons for becoming involved in this type of work?

G. CERTIFICATION OF APPLICANT

I hereby certify that my answers on this application are true and complete to the best of my knowledge. I also grant my permission and consent for The Effort to contact the necessary resources and references to verify my responses on this application.

Signed _____ Dated _____