



# Volunteer Application

Please Print or Type All Information in *Black Ink*

## Personal Information

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Background

**Education Completed** (check all that apply):

High School or equivalent  College Graduate  Some College or Technical School  Other: \_\_\_\_\_

## **Work Experience:**

Are you currently employed?  Yes:  Full Time  Part Time

No  Retired

Current or previous employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Volunteer Experience** (please include volunteering at any Kaiser Permanente facility):

Organization: \_\_\_\_\_ Date: from \_\_\_\_\_ to \_\_\_\_\_

Organization: \_\_\_\_\_ Date: from \_\_\_\_\_ to \_\_\_\_\_

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**Community Affiliations:** \_\_\_\_\_

**Skills, Interests, and Hobbies:** \_\_\_\_\_

## Availability

Please indicate your availability for volunteering – check as many blocks as your schedule permits. A specific day and time for your chosen assignment will be discussed at the time of your interview.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
<b>Morning</b> 8:30am–12:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Afternoon</b> 12:30pm–4:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Evening</b> 4:30pm–8:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

College students only: This is my availability during \_\_\_\_\_ semester.

## Language Proficiencies

Enter any languages you read, write, or speak (other than English):

Language: \_\_\_\_\_  Read  Write  Speak

Language: \_\_\_\_\_  Read  Write  Speak

Language: \_\_\_\_\_  Read  Write  Speak

American Sign Language

None

## Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## References

List two individuals not related to you, that you have known at least one year:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Confirmation

I certify that all answers in this Volunteer Application are true and correct, and have been given voluntarily.

I understand that I am volunteering my services without contemplation of compensation or employment and given with humanitarian, religious or charitable reasons.

I understand that the position of Volunteer requires that I be available to volunteer a minimum of four (4) hours per week for a minimum of one year or 200 hours, as determined by the Volunteer Director.

Digital Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Criminal Background Information

Full legal name: \_\_\_\_\_

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

In answering the following questions, **do not** disclose Misdemeanor marijuana-related convictions that are more than two years old; convictions that have been expunged, sealed, or statutorily eradicated; misdemeanor convictions for which probation has been successfully completed or discharged and the case has been judicially dismissed; or any referrals to a pre-trial or post-trial diversion program.

Have you ever been convicted of or pled guilty to a felony?  Yes  No

Have you ever been convicted of or pled guilty to a misdemeanor that might be related in some way to the position for which you are applying (including convictions such as those relating to honesty, integrity, or illegal use of drugs)?  Yes  No

If you answered "Yes" to either of these two questions regarding convictions, please describe the convictions(s) in detail, including dates: \_\_\_\_\_

## Driving Record

Do you have a current driver's license?  No  Yes – Driver's license number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Are there any current restrictions of your driver's license?  No  Yes – Restrictions: \_\_\_\_\_

Have you been found guilty of a moving violation in the past 5 years?  No  Yes – Date: \_\_\_\_\_

## Agreement

The statements I have made on this form are true and correct to the best of my knowledge. I understand any omission of facts by me is cause for immediate dismissal.

I authorize JW House to contact my current and previous employers. I authorize all previous employers, educational institutions, and other sources to release information concerning my employment, educational records, volunteer activities, and other relevant information.

I release JW House and its operating divisions and agents from any and all claims, causes of action, and liabilities arising out of any and all investigation, background checks, and verification of the information I have provided and its determination of any qualifications and abilities. I further release from all claims, causes of action, and liabilities all persons or entities that provide information about me in connection with investigation involving my potential employment or employment, with or without pay. I understand that, if accepted as a volunteer, I will be required to abide by all of the policies, rules, and regulations of the JW House.

Digital Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*JW House is an equal opportunity employer. We do not discriminate in hiring because of age, color, creed, disability, national origin, race or gender, religion, veteran status, military leave, or other characteristics protected by law.*

### Please Return To:

JW House  
3850 Homestead Road  
Santa Clara, CA 95051

Or e-mail to [info@jwhouse.org](mailto:info@jwhouse.org)