



# VOLUNTEER APPLICATION

Please complete this application and return it to **For The Child**, Attn: Volunteers - 4565 California Avenue, Long Beach, CA 90807. If you have questions, please call (562) 422-8472

Name	
Address	
City, Zip Code	Birthday (month and day only)
Home Phone	Cell Phone
Work Phone	Email

Are you currently employed?			
Company			
Position/Title			
Address			
Supervisor			
Phone			
May we call for a reference?	(Circle one)	Yes	No

Are you currently a student? Yes / No If so, where: _____					
Schooling/degree completed:	Grade School	GED	High School	College	Graduate School

**List any previous experience related to this field (include volunteer and paid).**

Organization	Position	From - To Dates	Phone

**List any previous volunteer experience not related to this field.**

Organization	Position	From - To Dates	Phone

List three references - at least two should be professional references.

Name	Occupation	Daytime Phone
1.		
2.		
3.		

Have you ever been convicted for any crime, including sex-related or child abuse-related offenses?  
If yes, please explain.

What kind of volunteer work would you like to do? (Check all interests.)

<input type="checkbox"/> Childcare during parenting groups	<input type="checkbox"/> Kids' Place
<input type="checkbox"/> Child Abuse Response Team (CART)	<input type="checkbox"/> Mobile Unit Driver
<input type="checkbox"/> Special Events and Special Projects	<input type="checkbox"/> Office Assistance
<input type="checkbox"/> Social Media	<input type="checkbox"/> Other

You will be required to successfully complete program-specific trainings and attend regularly scheduled meetings. Please indicate your general availability:

Mornings     Afternoons     Weekends

Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

Are you proficient in any languages besides English?    Yes    No  
If yes, what language(s)?

Please list any special skills, talents or experience you have:

Do you have a car? (Circle)    Yes    No    CA Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
If so, can you provide **For The Child** with a copy of verification of your auto insurance? \_\_\_\_\_

I certify that the above information is true to the best of my knowledge.  
  
Signature \_\_\_\_\_ Date \_\_\_\_\_