

## **APPLICATION FOR VOLUNTEER STATUS**

**Note:** Applicants must have all sections filled out before being considered for volunteer status. Applicants may write on the back of the page or attach additional pages as necessary.

	GENERAL	INFORMATION	Date		
Name	Phone				
Last	First	M.I.			
Address		City	State	Zip	
Email Address					
Are you 18 years or older?	Have you ever use	d another name? If yes,	please explain: _		
Position Applied for:		Date you can start:			
How did you learn of the position:					
Emergency Contact (name and pho	ne no.)				
	SPECIAL S	KILLS/TRAINING:			
Subjects:					
What languages do you speak fluen	tlv?				

## REFERENCES

## (LIST THE NAMES OF 3 PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

Name	Address	Phone Number	# of Years Acquainted

Please read the following statements. Initial in the parentheses in front of each statement if you understand and agree with that statement.

- () I can perform the essential functions of the position, with or without reasonable accommodation.
- () I further understand and agree that if I am considered as a final candidate for any volunteer position with the Agency, the Agency may fingerprint and do an investigation of criminal convictions.
- () I agree that if I am placed, I will follow all Agency policies, rules, procedures and all other Agency directions.
- () I understand and agree that nothing in this application is intended to create an employment contract unless I am hired by the Agency.
- I understand and agree that if my responsibilities as a volunteer requires driving vehicles for the Agency, I will be required to obtain a California Driver's License, have insurance on my personal vehicle, and have an acceptable DMV driving record report.

## **STATEMENT**

Volunteers are placed at Community Solutions subject to the written approval of the applicable Program Director. Unless specified otherwise in writing, volunteers are placed without compensation or benefits for which employees are eligible. This distinguishes the volunteer relationship from the employee relationship with Community Solutions. However, for continuity and ease of use, many of the forms used with employees may also be used with volunteers. In no way does the use of employee forms alter the volunteer relationship in regard to compensation and benefits.

I, \_\_\_\_\_, have read the above statement and understand and accept the distinction between the volunteer relationship and the employee relationship with Community Solutions as related to compensation and benefits.

Signed: \_\_\_\_\_

Volunteer

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

Acknowledged: \_\_\_\_\_

Human Resources

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