SHASTA COUNTY CRIME VICTIM ASSISTANCE CENTER

VOLUNTEER APPLICATION

The information on this form will help us find the most satisfying and appropriate
volunteer assignment for you.
*Your acceptance as a volunteer is contingent upon a successful completion of a background check.

PLEASE PRINT CLEARLY

Last Name   First Name

Address   Apt. #   City   State   Zip Code

Home Telephone   Work Telephone

**Are you over the age of 18? YES_____NO _____Social Security #_____-_____-_____
CA Driver License or ID #_____**

Are you currently a student?   YES_____NO_____ Name of School:_____
Degree or Certificates:

Other Training:

Languages Read:_____Speak_____Write_____

Occupation:_____
Employer:_____
_____
          (address)   (city)   (state)   (Zip)
Duties:_____
_____
_____
Supervisor:_____Phone #:_____

May we contact your employer for reference?   YES   NO

List one alternative reference we may contact: (may be friend, professor or employer)

Name:_____Phone #_____
Address:_____
Relationship:_____

Prior Volunteer Experience (include dates):

_____

_____

_____

List any job-related organizations, clubs, professional societies, associations which you may belong to:
_____
_____

How did you hear about our program?_____

Time you have available for volunteer work: # Hours per week_____
Approximate Length of Commitment: 1-3 months 2-4 months 4-6 months 1 year+

Days and Hours available:
Monday   Tuesday   Wednesday   Thursday   Friday   Saturday   Sunday

_____

Have you ever been convicted of a felony? YES____NO____
Have you ever been convicted of a misdmeanor in the last 5 years? YES____NO____
If yes, explain: state charge(s) when and where convicted and disposition of the case(s):

_____

_____

No applicant will be denied a volunteer opportunity solely on the grounds of conviction. The nature of the offense, the surrounding circumstances and the relevance to the volunteering opportunity will be considered.

Name one person to be notified in case of accident or emergency:

Name:_____**Address:**_____

PhoneNumber:_____**Relationship:**_____

I understand that my individual services are being offered on a voluntary basis without anticipation of any financial reimbursement and I shall indemnify and hold harmless CVAC, its Boards and Commissions and their officers, agents and employees from and against all claims, demands, loss or liability of any kind or nature for any possible injury incurred during volunteer service.
I also understand that by applying as a volunteer with CVAC, I will commit to the agency for a period of time agreed upon myself and the Program Supervisor. As a volunteer with CVAC, I agree to maintain state mandated automobile liability insurance. It is also my understanding that a routine criminal record check is required.

Volunteer Signature:_____Date:_____