



Volunteer Application Form

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

1000 N. Alameda Street, Suite 240
Los Angeles, CA 90012
Phone: (213) 346-3200
Fax: (213) 808-1009

OFFICE USE ONLY:
Date received:
Reviewed by:

	DATE _____
Name _____	
Last	First
Middle	Maiden
Present address _____	
Number	Street
City	State
Zip	
How long at current address? _____	
Telephone () _____	
How many hours can you volunteer weekly? _____	
Volunteer position desired <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME	
When are you available to start volunteering? _____	

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the volunteer position for which you are applying? No Yes (a conviction record will not necessarily disqualify you from volunteering.)

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation. _____

Work experience Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of current/last supervisor	Volunteer/Employment dates
		From To
	Your current/last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Volunteer/Employment dates
		From To
	Your last job title	
Reason for leaving (be specific)		
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.		

VOLUNTEER APPLICATION FORM WAIVER

As indication that you have read and understood each sentence, please write your initials in the spaces provided below.

In exchange for the consideration of my volunteer application by Community Partners, (hereinafter called "Community Partners"), I agree that:

I authorize investigation of all statements contained in this application.____ I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice.____ I hereby give Community Partners permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release Community Partners from any liability as a result of such contact.____

Signature of applicant _____ **Date:** _____

Thank you for completing this application form and for your interest in our business.