



Venice Community Housing Corporation

720 Rose Avenue, Venice, California 90291-2710

Tel: (310) 399-4100 Fax: (310) 399-1130

Web: www.VCHCorp.org

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: Last _____ First _____ Middle _____ Nickname _____

Address _____ Apartment/Unit _____

City _____ State _____ Zip Code _____

Phone: _____ E-mail address _____

Date of Birth _____ List other names which you are known by _____

Do you drive? Yes No Driver License/ID # _____ State _____

If you do not drive, do you have access to transportation? Yes No

EMERGENCY CONTACT

Emergency Contact _____ Relationship _____

Telephone: Daytime _____ Evening _____ Cell _____

EDUCATION/EMPLOYMENT

Occupation _____ Employer Name _____

Address _____ City _____ State _____ Zip Code _____

Please describe the products/services offered by your employer _____

Does your employer have a matching gift program? Yes No

What is the higher level of education you have completed? _____

If you are a student, where? _____ Course of study _____

REFERRAL INFORMATION

Have you ever volunteer with VCHC before? Yes No

Have you previously submitted a volunteer application to VCHC? Yes No

If yes, please indicate date(s) and position(s) applied for _____

How did you hear about VCHC? _____

Please list any current/past volunteer activities _____

Please list any relevant work or volunteer experience or skills _____

VOLUNTEER OPPORTUNITIES

Why do you wish to volunteer for VCHC? _____

Do you have any personal health concerns that may impact your volunteer work? Yes No

If yes, please explain _____

Please indicate which of the following activities interest you:

Mentoring Clerical assistance Front desk Working with tenants

Research Working with youth Special Events Teaching classes

Other _____

Other than English, are you fluent in any other language? Yes No

If yes, please specify and include your level of competency (fluent, intermediate, beginner) _____

How many hours a week are you available? _____ When can you start? _____

How many weeks/months are you available? _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

REFERENCES

Please list 2 people you know well and can attest to your character, skills and dependability.

<u>Name/Organization</u>	<u>Relationship to you</u>	<u>Phone</u>	<u>Length of Relationship</u>
1. _____			
2. _____			

FELONY/MISDEMEANOR CONVICTIONS

Have you ever been convicted of a crime? Yes No

If you answered yes, please explain on a separate sheet of paper, the nature of the crime, date of conviction and disposition. *Conviction of a crime is not an automatic disqualification for volunteer work. You don't have to report arrests not followed by convictions or convictions which were annulled, sealed, or expunged.*

CERTIFICATION

I understand that this is an application for and not a commitment to or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including in this application and in interviews with VCHC, that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not withheld and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that the information contained in my application will be verified by VCHC and I hereby give permission to VCHC to contact anyone it deems necessary to verify any information provided by me to evaluate my suitability for a volunteer position. I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar causes of action against anyone provide such information. I understand that misrepresentation and/or omissions may be cause for rejection of my application and/or termination of my volunteer position with VCHC. I voluntarily and knowingly waive all rights to bring an action for against VCHC and any of its employees, agents or volunteers relating to any such rejection and/or termination.

Applicant's Signature _____

Date _____

Parent/Guardian's Signature _____

Date _____

(If applicant is under the age of 18)