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## VOLUNTEER APPLICATION

PLEASE PRINT, COMPLETE APPLICATION IN FULL AND FAX TO OFFICE

DATE: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Other Names you may have utilized: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Number/Street City State Zip

Permanent Address (if different from mailing address)  
\_\_\_\_\_ Number/Street City State Zip

### POSITION DESIRED - 1 -

Volunteer Position(s) Applying for: \_\_\_\_\_

Why are you volunteering? \_\_\_\_\_

\_\_\_\_\_

| What Days/Times are you available to volunteer? |        |         |           |          |        |          |        |
|---|--------|---------|-----------|----------|--------|----------|--------|
| Day/Time  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM  |        |         |           |          |        |          |        |
| Afternoon                                       |        |         |           |          |        |          |        |
| Evening   |        |         |           |          |        |          |        |
| Other:  |        |         |           |          |        |          |        |

**EDUCATION, TRAINING, AND EXPERIENCE**

| SCHOOLS   | NAME & ADDRESS | NO. OF YEARS COMPLETED | COURSES OR MAJOR SUBJECTS | DEGREES OR DIPLOMA |
|---|----------------|------------------------|---------------------------|--------------------|
| HIGH SCHOOL   |                |                        |                           |                    |
| COLLEGE OR UNIVERSITY                                   |                |                        |                           |                    |
| GRADUATE SCHOOL   |                |                        |                           |                    |
| OTHER<br>Vocational,<br>Certificates,<br>Apprenticeship |                |                        |                           |                    |

Have you obtained any special skills or abilities as a result of service in the military or any other experience, training, or qualifications which you feel make you especially suited for volunteering at Caring Choices? If so, please explain:

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Are you licensed or certified for the position you are volunteering for? If yes, fill out the information below

| Type of License  | Professional License No. | State Issued | Expiration Date |
|--|--------------------------|--------------|-----------------|
| Has your license/certification ever been revoked or suspended? _____ If yes, state reason(s), date of revocation or suspension, and date of reinstatement: _____ |                          |              |                 |

Language Ability: List only those languages you could use in the position you are volunteering for:

Language: \_\_\_\_\_  Speak  Read  Write

Language: \_\_\_\_\_  Speak  Read  Write

List below your previous experience, beginning with your most recent job or volunteer position you have had. List volunteering or experience that you think may be important for us to know.

| Dates/Supervisor    | Employer                  | Job Title & Duties |
|---------------------|---------------------------|--------------------|
| From:               | Name:                     |                    |
| To:                 | Address:                  |                    |
| Supervisor:         | City/State:<br>Telephone: |                    |
| Reason For Leaving: |                           |                    |

| Dates/Supervisor    | Employer                  | Job Title & Duties |
|---------------------|---------------------------|--------------------|
| From:               | Name:                     |                    |
| To:                 | Address:                  |                    |
| Supervisor:         | City/State:<br>Telephone: |                    |
| Reason For Leaving: |                           |                    |

| Dates/Supervisor    | Employer                  | Job Title & Duties |
|---------------------|---------------------------|--------------------|
| From:               | Name:                     |                    |
| To:                 | Address:                  |                    |
| Supervisor:         | City/State:<br>Telephone: |                    |
| Reason For Leaving: |                           |                    |

May we contact the agencies/employers listed above? \_\_\_\_\_ If no, please indicate which one(s) you do not wish us to contact: \_\_\_\_\_

**PERSONAL REFERENCES**

| Name | Address | Telephone |
|------|---------|-----------|
|      |         |           |
|      |         |           |
|      |         |           |

May we contact the personal references listed above? Y/N \_\_\_\_\_

**PERSONAL INFORMATION**

Have you ever applied to Volunteer for Caring Choices before? Y/N \_\_\_\_\_

If yes, when? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_ If you are under 18, volunteering is subject to verification that you meet agency requirements.

Do you have any limitations on your ability to do volunteer work? \_\_\_\_\_

If yes, describe the conditions and the nature of your volunteer limitations: \_\_\_\_\_

*Caring Choices does not discriminate on the basis of race, color, religion, sex (including sexual harassment or pregnancy), national origin, ancestry, age (over 40), mental or physical disability, veteran status, medical condition, marital status, sexual orientation or political activity.*

Have you ever been convicted of a felony? \_\_\_\_ If yes, state nature of the crime(s), when and where convicted, and disposition of the case(s): \_\_\_\_\_

*No applicant will be denied solely on the grounds of conviction of a criminal offense. The date and nature of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.*

**PLEASE READ AND SIGN BELOW:**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering, and or placement as a volunteer and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application, or on any document used to secure volunteer opportunity, shall be grounds for rejection of this application or for immediate discharge if I am selected and placed as a volunteer regardless of the time elapsed before discovery.

I hereby authorize Caring Choices to thoroughly investigate my references, work record, education and other matters related to my suitability for volunteering, and further, authorize my former employer or agency where I volunteered to disclose to Caring Choices any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release Caring Choices, my former employers, and all other persons, corporations, partnerships and associations from any and all claims demands or liabilities arising out of or in any way related to such investigation or disclosure.

In consideration of my volunteering, I agree to conform to the rules and standards of the Agency and agree that my volunteering can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Agency. I understand that no volunteer or representative of the Agency other than the President of the Agency has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Agency may not alter the at-will nature of the volunteer relationship unless the Agency does so specifically and in writing. I also understand that all offers of volunteer positions are conditioned on the provision of satisfactory proof of an applicant's identity, background check and legal authority to enter the United States.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Do not write below this line, intended for Caring Choices Human Resources use only**

Interview:

Yes \_\_\_\_ No \_\_\_\_ Date \_\_\_\_\_ By \_\_\_\_\_