



# VOLUNTEER APPLICATION

Neighborhood House Association  
5660 Copley Dr  
San Diego, CA 92111  
www.neighborhoodhouse.org  
Tel: 858.715.2642 Fax: 858.715.2670

## APPLICANT INFORMATION

Please provide us with the following information.

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
First Name/Middle Initial/LastName Month/Day/Year

Best Number To Reach You: \_\_\_\_\_ Date available to start: \_\_\_\_\_

What is your availability?

Mon \_\_\_\_ to \_\_\_\_ Tues \_\_\_\_ to \_\_\_\_ Wed \_\_\_\_ to \_\_\_\_ Thurs \_\_\_\_ to \_\_\_\_ Fri \_\_\_\_ to \_\_\_\_

Email: \_\_\_\_\_ Are you at least 18 years of age?  Yes  No

## AREAS OF INTEREST

Please indicate which program(s) you are interested in.

- Head Start/ Early Head Start
- Senior Service Center
- HIV/ AIDS Case Management
- Adult Day Health Care
- Project Enable/ Friendship Clubhouse
- The Connection Program
- Housing Counseling
- Emergency Services
- Something Else (Please Explain): \_\_\_\_\_

Specific Position Interested In (If Known): \_\_\_\_\_

For Head Start Applicants Please Provide Center(s) of Interest If Known: \_\_\_\_\_

## VOLUNTEER INFORMATION

Please complete all volunteer information in full. Be as detailed as possible.

Is volunteering a requirement for you?  Yes  No If yes, how many hours are you required to complete? \_\_\_\_\_

What is the requirement for?  School  Court Order  Other

Please further explain the requirement. For school requirements, include the school you are attending, for court orders, include the offense and for "other", explain.

\_\_\_\_\_  
\_\_\_\_\_

If this is *not* a requirement, are you interested in a commitment that is...  Temporary only  Regular schedule  Once in a while

How many hours are you willing to commit to volunteering with NHA each month? \_\_\_\_\_

For all applicants, what are your goals or what are you hoping to accomplish through volunteering with NHA?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
First Name/Middle Initial/LastName

**BACKGROUND, EDUCATION AND EMPLOYMENT HISTORY**

*Please provide as much information as possible to help us better understand your qualifications.*

Summarize any skills and/or previous experience relevant to the program(s) of interest.  
*Please include any languages you're fluent in / special training you've received.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Select your highest level of education:  Some High School  GED/ High School Diploma  Bachelor's  Master's  Ph.D.

Area(s) of Concentration: \_\_\_\_\_

School Currently Enrolled At (If Relevant): \_\_\_\_\_

Current Employer: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Current Position: \_\_\_\_\_

Previous Position: \_\_\_\_\_

**Equal Opportunity Employer**

It is the policy and practice of the Neighborhood House Association to select and promote employees based on their qualifications and ability to do the job without regard to sex, actual or perceived sexual orientation, race, color, religious creed, national origin, physical disability/ mental disability, medical condition, age, pregnancy and marital status.

**CONTACT INFORMATION***Please provide us with the following information.*Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
First Name/Middle Initial/LastName

Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_

**CRIMINAL HISTORY DISCLOSURE**

Please answer the following question completely and truthfully. Answering "yes" will not necessarily disqualify you from taking part in volunteer activities. Applicants will be evaluated individually, based upon their own merit.

Have you ever been convicted of or pleaded no contest to a crime?  Yes  No

If yes, please explain: \_\_\_\_\_

Additionally, a criminal background check is performed on all volunteers. Please provide your full name, your social security number and sign and date below so we can further evaluate your background.

I \_\_\_\_\_, social security #: \_\_\_\_\_, hereby authorize  
Printed Name Applicant SSN

Neighborhood House Association to thoroughly investigate my work record, education and criminal history related to my suitability for volunteering. In addition, I hereby release NHA, its employees, 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.

\_\_\_\_\_  
Applicant Name (Signed Name) Date**AGREEMENT AND SIGNATURE**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in my immediate dismissal.

\_\_\_\_\_  
Applicant Name (Printed Name) Applicant Name (Signed Name) Date**Equal Opportunity Employer**

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