



VOLUNTEER APPLICATION

Neighborhood House Association
5660 Copley Drive | San Diego, CA 92111
www.neighborhoodhouse.org
Tel: 858.715.2642 | Fax: 858.715.2677

APPLICANT INFORMATION

Please provide us with the following information.

Name: _____ Today's Date: _____
First Name/Middle Initial/Last Name 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 (Closed in Summer) Senior Service Center Print Shop Adult Day Health Care

Friendship Clubhouse The Homework Center (Closed in Summer) Corporate Office Nutrition 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

By when do you need your hours? _____

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/Last Name

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.

EMERGENCY 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 _____, hereby authorize Neighborhood House Association to thoroughly investigate
Printed Name
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

If Under 18, your Parent must sign below

Parent's Name (Printed Name) Parent's Name (Signed Name) Date**Equal Opportunity Employer**

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