### 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.*

<table>
<thead>
<tr>
<th>Name: ______________________________</th>
<th>Today’s Date: ___________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Number To Reach You:</td>
<td>Date available to start:</td>
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<td></td>
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</tbody>
</table>

**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  
  (Closed in Summer)
- ☐ The Homework Center  
- ☐ 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  ☐ Regular  ☐ Once in a while  
☐ Only schedule

**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?

__________________________________________

__________________________________________

__________________________________________
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.

**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/Last Name
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 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 (Signed Name)       _________________________________
Applicant Name (Printed Name)                       Date

If Under 18, your Parent must sign below

_________________________________       Parent’s Name (Signed Name)       _________________________________
Parent’s Name (Printed Name)                       Date

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