



**VOLUNTEER APPLICATION**

Thank you for your interest in becoming a volunteer with WellSpace Health! Please complete both sides of this application. After reviewing your application, an eligibility interview may be conducted with one of our staff.

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**IMPORTANT VOLUNTEER RULES AND REGULATIONS:** The Department of Labor Standards Enforcement (DLSE) defines volunteers as those “who intend to donate their services to religious, charitable, or similar non-profit corporations without contemplation of pay and for public service, religious or humanitarian objectives.” Federal law defines volunteers in a similar manner. Volunteers serve without expectation of payment including expectation of material benefits (other than reimbursement for reasonable costs incurred). Volunteers also should have no expectations of a regular paid position with the organization because they have volunteered.

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ E Mail Address: \_\_\_\_\_

Best day(s) and time(s) to contact you:

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**What type of Volunteer Position are you interested in and why?**

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**EDUCATION**

1. Highest grade level completed:  Grammar  High School  College

Degree attained: \_\_\_\_\_ from: \_\_\_\_\_

2. Are you presently enrolled as a student?  Yes  No

Name of School: \_\_\_\_\_

Degree you will receive and date:

\_\_\_\_\_

**EMPLOYMENT HISTORY**

1. Are you presently employed?  Yes  No Retired?  Yes  No

2. Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

3. Past Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

**VOLUNTEER EXPERIENCE AND TRAINING** (If any)

1. Organization: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Your duties: \_\_\_\_\_

2. Organization: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Your duties: \_\_\_\_\_

3. Organization: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Your duties: \_\_\_\_\_



**REFERENCES** (Please provide complete addresses for all references listed)

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

**E. BACKGROUND INFORMATION** (Please answer the questions below as completely as possible.)

1. Are you able to perform the essential functions of the volunteer position for which you are applying, either with or without reasonable accommodation?  Yes  No

If no, please describe the functions that cannot be performed and possible reasonable accommodation: \_\_\_\_\_

2. I agree not to take any medication that will interfere with the ability to properly perform my volunteer duties. If a prescribed medication may interfere with the ability to perform my duties it should be discussed with WellSpace Health staff. This does not require disclosure of any underlying medical condition, which makes the medicine necessary.

3. Have you been convicted of any criminal offenses other than minor traffic violations? Omit references to convictions under California Health and Safety Code sections 11357(b) or (c), 11360

(b), 11365, or 11550 or 11364 related to marijuana which occurred two or more years ago and any pre-trial or post-trial diversion program.  Yes  No

**If yes, please describe on another sheet of paper.**

**Disclosure of a criminal record will not necessarily disqualify you for volunteer consideration. Each conviction will be evaluated on its own merits with respect to time, circumstances and seriousness, in relation to the volunteer position for which you are applying. However, failure to disclose such information may result in disqualification of your application or termination of your volunteer status.**

**F. GENERAL QUESTIONS**

1. How did you hear about our volunteer program? \_\_\_\_\_
2. What interests you about volunteering with us? \_\_\_\_\_
3. What foreign language(s) do you speak fluently? \_\_\_\_\_
4. Personal reasons for becoming involved in this type of work?  
\_\_\_\_\_

**G. CERTIFICATION OF APPLICANT**

I hereby certify that my answers on this application are true and complete to the best of my knowledge. I also grant my permission and consent for WellSpace Health to contact the necessary resources and references to verify my responses on this application.

I understand the regulations regarding volunteer work and agree to abide by all of the Organization's policies, procedures and any legal regulations.

Signed \_\_\_\_\_ Dated \_\_\_\_\_

Print Name: \_\_\_\_\_