

EDUCATION (We do not require education as a criterion for Volunteering, unless it is expressly required by law or funding source for the position)

<u>SCHOOL LEVEL</u>	<u>NAME AND LOCATION OF SCHOOL</u>	<u># OF YEARS ATTENDED</u>	<u>DID YOU GRADUATE?</u>	<u>DIPLOMA / DEGREE? MAJOR/MINOR AREAS OF STUDY</u>
HIGH SCHOOL			<input type="checkbox"/> No <input type="checkbox"/> Yes	
COLLEGE(S)			<input type="checkbox"/> No <input type="checkbox"/> Yes	
			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Special skills, training, apprenticeships, etc. acquired from employment or other experience				

MISCELLANEOUS SKILLS AND BACKGROUND INFORMATION (Please attach additional sheet(s), if space provided is insufficient. Thank you.)

Many of our clients do not speak English. Do you speak, write, or understand any languages other than English? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, please indicate which languages:	_____ <input type="checkbox"/> Speak _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Write _____ _____ <input type="checkbox"/> Speak _____ <input type="checkbox"/> Read _____ <input type="checkbox"/> Write _____
Do you have any other experience, training, qualifications, or skills which you feel make you especially suited for Volunteering at Aldea? If so, please explain.	
List professional, trade, business, or civic activities and offices held.	
Have you ever had any job-related training in the United States military? If so, please explain.	
DRIVER LICENSE NUMBER _____ STATE _____ EXPIRATION DATE _____ Please provide this information if applying for a position that will require the use of a motor vehicle.	

PROFESSIONAL REFERENCES (List two professional references (people who have worked with you and are able to comment on your skills and abilities))

Reference #1 NAME	
PHONE NUMBER(S)	
ADDRESS	
OCCUPATION	
YEARS KNOWN BY YOU	
Reference #2 NAME	
PHONE NUMBER(S)	
ADDRESS	
OCCUPATION	
YEARS KNOWN BY YOU	

EMPLOYERS Please begin with your most recent job and please include any military and/or volunteer activities. Thank you.

PRESENT OR LAST EMPLOYER NAME			
ADDRESS			AREA CODE + PHONE NUMBER
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	EXACT REASON FOR LEAVING		
DESCRIPTION OF WORK			

NEXT PRIOR EMPLOYER			
ADDRESS			AREA CODE + PHONE NUMBER
STARTING DATE	LEAVING DATE	JOB TITLE	
NAME AND TITLE OF IMMEDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER
TERMINATION WAS <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	EXACT REASON FOR LEAVING		
DESCRIPTION OF WORK			

We require that you read the information below and indicate your understanding and agreement to these terms by signing in the space provided. Thank you for your interest in Volunteering with Aldea!

Please Read Carefully, Initial Each Paragraph, and Sign Below

_____ I understand that Volunteering at Aldea is a privilege, and that my desire to serve must, at all times, be affirmed by
Initials Aldea through its screening process.

_____ I understand that assignment to a direct care volunteer position requires that I provide two references and,
Initials depending upon requirements for the Volunteer assignment, may include verification of past employment, finger printing, criminal background check, and DMV report.

_____ I understand that in accepting a Volunteer assignment, I am committing myself to act in compliance with the Mission
Initials and Values, policies, and procedures of *Aldea Children & Family Services*.

_____ I understand the guidelines for the Volunteer position and understand the responsibilities associated with it.
Initials

_____ I understand that training and accountability are key support for my volunteer position. I will attend training, as
Initials required for the position, and meet with the leader responsible for the volunteer position to which I am appointed.

Signature

Today's Date



VOLUNTEER LIABILITY RELEASE FORM

In consideration of my desire to serve as a volunteer for Aldea Children & Family Services (“Aldea”), I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary relief effort, disaster exercise or other activity of any nature, including the use of equipment and facilities of Aldea.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge Aldea and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Photographic Release

I authorize the use of my name, voice, photograph, likeness, performance and/or biography by Aldea, the Board of Directors and their officers, employees and agents in connection with any use of a product arising out my volunteer service for Aldea. I authorize Aldea to obtain and hold copyrights in such Program and products, and to edit my performance and materials in its sole discretion.

I understand that Aldea has no obligation to air or publish such Program and products, and that I will receive no monetary compensation for the rights granted herein. I understand and affirm that this Authorization and Release shall be considered consent to such use by Aldea under the provisions of State of California Statutes.

I, the undersigned, am at least 18 years of age or I am the parent or guardian of a participant who is less than 18 years of age. Further, I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own, free act.

Signature of Participant (over 18 years old)

Printed Name

Date

Signature of Parent/Guardian (if applicable)

Printed Name

Date

Phone Number _____

Email _____

