



851 S. A Street
 Oxnard, CA 93030
 Tel. 805.385.7244
 Fax 805.385.7246
 Email: info@amongfriends.org

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name (Individual / Organization):				Date:	
Address:			City:		Zip:
1° Phone:	2° Phone:	Email:		SSN:	
How did you learn of the position available? <input type="checkbox"/> Among Friends Website <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Cal Jobs <input type="checkbox"/> TCRC <input type="checkbox"/> Senior Companion <input type="checkbox"/> Other:					Were you referred to us by anyone?
Have you ever been convicted of a felony?					
If yes, what was the charge? _____					
Are you currently employed?			May we contact your present employer?		
Are you legally eligible for employment in the U.S.A.?					

VOLUNTEER SERVICES

Have you ever volunteered your services before? If so, when? Where?						
What services offered at the center would you be interested in conducting? (please check all that apply)						
<input type="checkbox"/> Activities	<input type="checkbox"/> Meal Distribution	<input type="checkbox"/> Field Trips	<input type="checkbox"/> Exercise Gps	<input type="checkbox"/> Cooking		
<input type="checkbox"/> Filing	<input type="checkbox"/> Entertainment	<input type="checkbox"/> Personal Care	<input type="checkbox"/> Transportation	<input type="checkbox"/> Cleaning		
<input type="checkbox"/> Education Classes		<input type="checkbox"/> Discussion Gps	<input type="checkbox"/> Social Svc Assistance	<input type="checkbox"/> Therapy Assistance		
<input type="checkbox"/> Other (Pls Explain):						
Available schedule:		Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
List any special skills, interests that make you especially suited to volunteer at our company (languages, comp skills, etc):						
List any organizations, club (civil, athletic, etc.) involvement:						
Have you ever applied for our company before? If yes, when?						
Do you have any friends or relatives working for our company?						
If yes, list name and relationship?						

EDUCATION

SCHOOL	NAME & LOCATION	GRADUATED		MAJOR SUBJECTS
		Yes	No	
College/University				
High School				
Other (specify)				
Other (specify)				



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EMPLOYMENT / VOLUNTEER INFORMATION

Please include all employment / volunteer information for the last 10 years beginning with most recent employer

Name of Employer:	May we contact this employer?		
Address:	Name of Supervisor:	Telephone:	
	Specific Duties:		
Your Title:			
Reason for leaving:	Starting Salary:	From Date:	To Date:
	Ending Salary:		
Name of Employer:	May we contact this employer?		
Address:	Name of Supervisor:	Telephone:	
	Specific Duties:		
Your Title:			
Reason for leaving:	Starting Salary:	From Date:	To Date:
	Ending Salary:		
Name of Employer:	May we contact this employer?		
Address:	Name of Supervisor:	Telephone:	
	Specific Duties:		
Your Title:			
Reason for leaving:	Starting Salary:	From Date:	To Date:
	Ending Salary:		
Name of Employer:	May we contact this employer?		
Address:	Name of Supervisor:	Telephone:	
	Specific Duties:		
Your Title:			
Reason for leaving:	Starting Salary:	From Date:	To Date:
	Ending Salary:		

UNEMPLOYMENT HISTORY

Please account for all times of unemployment during the last 10 years after completing school by listing, both the exact periods of time & the corresponding reasons for unemployment. Please do not include periods of unemployment of one month or less.

PROFESSIONAL REFERENCES

List below three persons not related to you from either a business or academic setting, who has knowledge of your prior performance abilities within the last 3 years.

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER	YRS ACQUAINTED



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LICENSE INFORMATION

License / Certificate Name:	License / Cert #:	State Issued:
If your license / certificate has ever lapsed, been revoked or suspended, please explain:		

ATTENDANCE HISTORY

Is there any reason you would not be able to fully conform to all attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:

IN CASE OF EMERGENCY, NOTIFY (NAME): _____

ADDRESS: _____

PHONE: _____

BACKGROUND CHECKS: AMONG FRIENDS IS CONCERNED ABOUT VIOLENCE IN THE WORKPLACE, FALSIFIED EMPLOYMENT APPLICATIONS, AND EMPLOYEE THEFT. WE WILL CONDUCT A FULL BACKGROUND CHECK ON ALL CANDIDATES FOR VOLUNTEER SERVICES. PLEASE COMPLETE AND SIGN THE SEPARATE NOTIFICATION FORM.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY VOLUNTEER SERVICES IS AT WILL AND FOR NO DEFINITE PERIOD AND MAY, AT THE DISCRETION OF THE VOLUNTEER & EMPLOYER, BE TERMINATED AT ANY PREVIOUS NOTICE.

APPLICANT SIGNATURE:

DATE:

SIGNATURE OF PARENT / GUARDIAN IF APPLICANT IS A MINOR

DATE:



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KROLL

DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Among Friends ADHC ("Company"), I authorize Company to request a consumer and/or investigative consumer report on me for employment purposes from **KROLL BACKGROUND AMERICA, INC.** ("Kroll"). Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Company and Kroll, including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Company to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Kroll does not sell or otherwise provide any of the information found in its background investigations to any party other than the Company.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to Kroll, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Company. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: _____ Date: _____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: _____ First Name: _____ Middle: _____

Other Names Used _____ Years Used _____

Current Address: _____
Street /P. O. Box City State Zip Code County Dates

Former Address: _____
Street /P. O. Box City State Zip Code County Dates

Social Security Number: _____ Daytime Phone Number: _____

E-mail Address: _____ Driver's License Number: _____ State of Issuance: _____

*Date of Birth: _____ *Gender _____

For CA, MN & OK Residents Only: Please provide me with a copy of my background report YES: NO

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by Kroll. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by submitting a request by mail, by appearing at Kroll's offices in person during normal business hours and on reasonable notice, or you may also receive a summary of the file by telephone after submitting a written request. Kroll has trained personnel available to explain your file to you and will provide a written explanation of any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification. Kroll is located at 1900 Church St., Suite 300, Nashville, TN 37203 and may be contacted at 800-697-7189.

*Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.

Company ID: HTH479D

