



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

VOLUNTEER APPLICATION

Please sign and date the application, and provide all information requested.
 (WE ARE AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION					
Name (Individual / Organization):				Date:	
Address:				City:	Zip:
1° Phone:		2° Phone:		Email:	
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:	
Are you currently employed?			May we contact your present employer?		
Are you legally authorized to work 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"/> Filing		<input type="checkbox"/> Entertainment		<input type="checkbox"/> Exercise Gps	
<input type="checkbox"/> Education Classes		<input type="checkbox"/> Personal Care		<input type="checkbox"/> Transportation	
<input type="checkbox"/> Other (Pls Explain):		<input type="checkbox"/> Discussion Gps		<input type="checkbox"/> Social Svc Assistance	
<input type="checkbox"/> Cooking		<input type="checkbox"/> Cleaning		<input type="checkbox"/> Therapy Assistance	
Available schedule:					
<input type="checkbox"/> Full Time		<input type="checkbox"/> Part Time			
<input type="checkbox"/> Temporary		Monday		Tuesday	
		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No		<input type="checkbox"/> No	
		Wednesday		Thursday	
		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No		<input type="checkbox"/> No	
		Friday			
		<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
		<input type="checkbox"/> No		<input type="checkbox"/> No	
List any special skills, interests that make you especially suited to volunteer at our company (languages, comp skills, etc):					
Have you ever applied for our company before? If yes, when?					
Do you have any friends or relatives working for our company? <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, list name and relationship?					
EDUCATION					
SCHOOL	NAME & LOCATION	GRADUATED		MAJOR SUBJECTS	
		Yes	No		
College/University					
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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Specific Duties:	
Your Title:	Name of Supervisor:	Telephone:
Reason for leaving:	From Date:	To Date:

Name of Employer:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Specific Duties:	
Your Title:	Name of Supervisor:	Telephone:
Reason for leaving:	From Date:	To Date:

Name of Employer:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Specific Duties:	
Your Title:	Name of Supervisor:	Telephone:
Reason for leaving:	From Date:	To Date:

Name of Employer:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	Specific Duties:	
Your Title:	Name of Supervisor:	Telephone:
Reason for leaving:	From Date:	To Date:

UNEMPLOYMENT HISTORY

Please account for all times of unemployment during the last 10 years, both the exact periods of time & the corresponding reasons for unemployment. Please do not include periods of unemployment of one month or less, and do not include periods when you were going to school full-time.



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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

LICENSE INFORMATION

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



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BACKGROUND CHECKS:

IT IS THE INTENTION OF THIS AGENCY TO PREVENT ENGAGING THE SERVICES OF INDIVIDUALS WHO HAVE A HISTORY OF SEXUAL ABUSE, MOLESTATION & MISCONDUCT. TO THIS EFFECT, ALL EFFORTS WILL BE MADE TO DISCOVER SUCH HISTORIES. SIGNED COMPLETION OF THIS APPLICATION GIVES THIS COMPANY PERMISSION TO CONDUCT BACKGROUND CHECKS. THE APPLICANT IS HEREBY NOTIFIED SUCH BACKGROUND CHECKS WILL BE VIGOROUSLY MADE.

BY SIGNING THIS APPLICATION, I HEREBY FURTHER AGREE AS FOLLOWS:

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION FORM IS TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE, & AGREE TO HAVE ANY OF THE INFORMATION VERIFIED BY AMONG FRIENDS ADHC. I UNDERSTAND THAT ANY MISREPRESENTATION, FALSIFICATION, OR MATERIAL OMISSION OF INFORMATION ON THIS APPLICATION MAY RESULT IN MY FAILURE TO RECEIVE AN OFFER, IF I AM HIRED, MY IMMEDIATE DISMISSAL FROM EMPLOYMENT.

I AUTHORIZE THE REFERENCES LISTED ABOVE, AS WELL AS ALL OTHER INDIVIDUALS WHOM AMONG FRIENDS ADHC CONTACTS, TO PROVIDE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY OTHER PERTINENT INFORMATION THAT THEY MAY HAVE.

I UNDERSTAND THAT ANY OFFER OF EMPLOYMENT IS CONDITIONED UPON PROOF OF IDENTITY, PROOF OF LEGAL AUTHORITY TO WORK IN THE UNITED STATES, AND SATISFACTORY COMPLETION OF MY BACKGROUND AND REFERENCE CHECK. (NOTE THAT CRIMINAL BACKGROUND CHECK CAN ONLY BE CONDUCTED AFTER A CONDITIONAL OFFER OF EMPLOYMENT HAS BEEN OFFERED)

APPLICANT SIGNATURE:

DATE:

SIGNATURE OF PARENT / GUARDIAN IF APPLICANT IS A MINOR

DATE:

