



VOLUNTEER APPLICATION

Date: ____/____/____

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Home Phone: _____
Work Phone: _____
E-Mail : _____
Are you above the age of 25?: _____
Birth Date(optional): ____/____/____
Social Security #: _____

EMPLOYER (LIST MOST RECENT FIRST)	DATES EMPLOYED	POSITION
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Do you have any previous volunteer experience? If so, please list agency and type of work: _____

HIGH SCHOOL/COLLEGES ATTENDED	LEVEL COMPLETED	CREDITS/DEGREE
(1) _____	_____	_____
(2) _____	_____	_____

INTERESTS, SKILLS, HOBBIES: _____

IN CASE OF EMERGENCY, CONTACT: _____
(Full Name) (Relationship) (Telephone)

What prompted your interest in volunteering at Covenant House California? _____

Have you any experience interacting with this age group (18 to 21) _____ Please explain: _____

Have you ever been convicted of a crime? If yes, please explain: _____

(OVER)

--FOR OFFICE USE ONLY--

____ Date Application Received	____ Entered into Database
____ Background sent to aCheck	____ Background Cleared
____ Reference requests sent	____ References received
____ TB Test Taken	____ Entered into wkly/hourly dbs
____ ID Badge	____ Orientation/Training
____ HR forms signed	____ Start Date/Dept: _____

INDICATE AREAS OF INTEREST FOR VOLUNTEER WORK AT COVENANT HOUSE

- Fundraising Assistant
- Living Skills Workshop Facilitator
- Development Assistant
- Educational Tutor
- Ed/Vocational Assistant
- Recreation/Physical Education

- Hair Stylist/Hygiene
- Spiritual Ministry/Project Coordinator
- Job Development Assistant
- Medical (Doctor, RN, LPN)
- Field Trips/Outings
- Street Outreach

Special Events - Crew of individuals to be called upon as needed to help with special events (such as, Thanksgiving Dinner, Candlelight Vigil, fundraisers, etc.) and participate in set-up, clean up, crowd control, and other types of duties.

Mentor Program - (6-month, one-to-one relationship with transitional living clients; minimum 4 contacts a month required)

Other interests, special skills, or areas of expertise: _____

PLEASE STATE DAYS AND TIMES THAT YOU ARE AVAILABLE

	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.
Morning (9 a.m. - Noon)							
Afternoon (1 p.m. - 5 p.m.)							
Evening (5 p.m. - Midnight)							

Comments: _____

REFERENCES (PLEASE PRINT CLEARLY)

Please indicate three individuals who know you. Do not list relatives. Provide complete mailing addresses and phone numbers. References are checked by phone or mail so all information is essential.

1. Name: _____ Phone No.: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____
 Nature of Relationship: _____ Length of Relationship: _____

2. Name: _____ Phone No.: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____
 Nature of Relationship: _____ Length of Relationship: _____

3. Name: _____ Phone No.: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____
 Nature of Relationship: _____ Length of Relationship: _____

SIGNATURE: _____

DATE: _____

Please return completed application to:

COVENANT HOUSE CALIFORNIA
 ATTN: Volunteer Coordinator
 1325 N. Western Avenue
 Los Angeles, CA 90027

PHONE 323.461.3131 ext. 250 FAX 323.957.7418 EMAIL Volunteer@Covca.org