



## VOLUNTEER APPLICATION

DATE:

DOB:

<b>Name</b>			
	Last	First	MI
Street Address			Unit
		City	State
		Zip	
Contact Information			Preferred
Primary Phone			
Alternate Phone			
Email Address			
Emergency Contact			Relationship
Emergency Contact Phone			

<b>Current Employer</b>		<b>Phone</b>		
<b>Title</b>		May we contact?	YES	NO
How did you learn about Casa Esperanza?				

Special Skills Hobbies Foreign Language	
Other Volunteer/Community Activities	

Have you ever been convicted of a felony?	YES	NO	Is your service court ordered?	YES	NO
Explain					

REFERENCES	
Name/Phone	
Name/Phone	
Name/Phone	

DEMOGRAPHICS (Optional)			
Gender:    M    F	Caucasian	African American	Asian
Hispanic/Latino	Native American	Other	NA

**SKILLS/INTERESTS: PLEASE CHECK THE SKILLS AND/OR INTERESTS WHICH YOU WOULD LIKE TO OFFER AS A VOLUNTEER OF CASA ESPERANZA.**

- |   |   |
|---|---|
| <input type="checkbox"/> Car Lot / Auction              | <input type="checkbox"/> Houseplant Care                                  |
| <input type="checkbox"/> Record Management/Data Entry   | <input type="checkbox"/> Graphic Design/Newsletter production and writing |
| <input type="checkbox"/> Linens & Laundry for residents | <input type="checkbox"/> Housekeeping and hospitality                     |
| <input type="checkbox"/> Coordinating resident dinners  | <input type="checkbox"/> Coordinate resident activities                   |
| <input type="checkbox"/> Landscaping                    | <input type="checkbox"/> Building Maintenance                             |
| <input type="checkbox"/> Special Events/Outreach        | <input type="checkbox"/> Front Desk/Office Support                        |
| <input type="checkbox"/> Group Meals and Activities     | <input type="checkbox"/> Public Relations/FRIENDS of Casa Esperanza       |

**Volunteer General Availability: Please circle all that apply (M=Morning / A=Afternoon / E=Evening)**

Sunday	Monday			Tuesday			Wednesday			Thursday			Friday			Saturday
Afternoon Only	M	A	E	M	A	E	M	A	E	M	A	E	M	A	E	Morning Only

**I UNDERSTAND THAT INFORMATION REGARDING CASA ESPERANZA PATIENTS, RESIDENTS, STAFF AND VOLUNTEERS IS STRICTLY CONFIDENTIAL AND MUST NOT BE DISCUSSED IN OR OUT OF THE FACILITY. I ALSO UNDERSTAND THAT BREACH OF CONFIDENTIALITY IS CAUSE FOR MY DISMISSAL. THE ABOVE INFORMATION IS CORRECT AND ACCURATE TO THE BEST OF MY KNOWLEDGE.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Office Use Only			
Exceed ID		<b>Position(s) Assigned</b>	
Date Entered			
Staff/Volunteer Initials			
Date of Orientation			
Confidentiality Statement			
References	1)	2)	3)
Date of BGC		Cleared	Not Cleared

[Type here]