



Volunteer Application

Inspiring children. Empowering adults. Transforming communities.

Thank you for your interest in volunteering with Episcopal Community Services (ECS). Please complete this form and return it Deann Rios, ECS' Community Engagement Coordinator, by mailing it to 401 Mile of Cars Way, Suite 350, National City, CA 91950, e-mailing it to dayer@ecscalifornia.org, or faxing it to 619-228-2801. If you have any questions, please email Deann or call 619-694-9892.

General Information

Name:

Nickname:

Birthdate (Optional):

Address:

E-Mail Address:

Home Phone #:

Work Phone #:

Mobile Phone #:

How did you hear about ECS?

Please list the name(s) of any relatives or friends working at ECS.

Have you ever volunteered or worked for ECS? Yes No If yes, when?

What prompted you to seek out a volunteer position, and/or what do you hope to get out of volunteering?

If you know, please list programs or departments for which you are interested in volunteering.

Employment and Volunteer Experience

Present (or Most Recent) Occupation:

Employer (if employed):

Please share any relevant employment experience.

Please list any previous volunteer experience you have had, including organizations served, approximate dates, and area of focus or duties. (Use additional sheets if needed.)

Education, Special Skills, & Certifications

Please indicate highest level of education completed.

High School Junior College/Trade School 4-Year College Graduate School

What degree or study program did you pursue in school?

If currently in school, please list school, major/area(s) of study, and anticipated graduation date.

Are you hoping to volunteer to complete hours required for a class? If so, please list class and requirements.

Please list any special skills or certifications.

Please list any hobbies or areas of interest not yet listed (i.e. gardening, photography, painting/maintenance, music) which you may be willing to share as part of your volunteer service.

Medical Information

Emergency Contact Name, Phone #, and Relationship:

Please describe your general health and list any allergies, considerations, or medications you are currently taking.

Do you have any medical or emotional limitations that might impact your work? Yes No

Have you had any communicable diseases in the past six months? Yes No

Have you ever been screened for tuberculosis (TB)? Yes No

If yes, date & result:

Please indicate the vaccines you have received within the past two years:

Measles/MMR Whooping Cough Flu

Please note that **volunteers who work with adults are required to present a clear tuberculosis screen and volunteers working with children may be asked to present proof of other recent vaccinations.*

Background Clearance

All applicants will be screened through LiveScan for clearance under the Federal Bureau of Investigation (FBI) and Department of Justice (DOJ).

Have you ever been convicted, plead no contest or guilty to a felony or misdemeanor? Yes No

Have you ever been arrested for conducting or attempting to conduct a sexual offense?

Yes No

If you answered "Yes" to either question, please describe in detail below (or on an extra sheet of paper). An arrest record does not automatically exclude you from consideration.

References

Please provide the names of two persons, not related to you, whom you have known for at least one year. References should be 18 years of age or older.

Reference #1

Name:

Relationship & Number of Years Acquainted:

Address:

E-Mail Address:

Home Phone #:

Mobile Phone #:

Reference #2

Name:

Relationship & Number of Years Acquainted:

Address:

E-Mail Address:

Home Phone #:

Mobile Phone #:

Availability

Please place an "x" next to any days and times you are available to volunteer. We will make every effort to accommodate your schedule based on opportunities available.

| | Mon. | Tues. | Weds. | Thurs. | Fri. | Sat. | Sun. | Notes |
|----------|------|-------|-------|--------|------|------|------|-------|
| 9am-12pm | | | | | | | | |
| 12pm-3pm | | | | | | | | |
| 3pm-6pm | | | | | | | | |
| 6pm-9pm | | | | | | | | |
| Other | | | | | | | | |

Agreements

- I authorize and release personal references, employers (past and present), and if necessary, other applicable entities to answer questions in regard to volunteer work, employment, ability, character and, if applicable, driving history.
- I understand, in consideration of my application, that a background investigation will be conducted.
- I understand this investigation may include, but is not limited to: criminal background check in the files of any federal, state or local justice agency; driving history; drug screening or reference verification.
- I understand that any false statement, misrepresentation, or omission of facts on this application, regardless of when discovered to be false, may result in my immediate dismissal.
- I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Episcopal Community Services.
- I agree to comply with all agency policies and procedures, and I understand that failure to comply with any confidentiality obligation may result in disciplinary action or termination of my volunteer assignment with Episcopal Community Services.
- I have read and understand this application, and by my signature consent to these statements.

Signature

Date

Applications without a signature will not be processed. If faxing or emailing application, please retain original application with signature and bring it with you to your interview or make arrangements to get it to ECS' Community Engagement Coordinator.