



# Behavioral Health Volunteer Services Program

# Volunteer Application

**Instructions:**

1. Complete application in blue or black ink.
2. Please provide a copy of a valid driver's license and proof of insurance.
3. To Submit online, use latest version of [Adobe Reader](#). \*Make sure Adobe browser plug-in is active.

Personal Information		
Last Name, First Name:	Social Security Number:	Date of Birth:
Address, City, State and Zip:		
Home Telephone:	Work Telephone:	Cell Telephone:
Email Address:		

List other names you have used:
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Emergency Contact	
Name and Relationship of Person to contact:	
Home Telephone:	Alternate Telephone:
Primary Physician or Hospital:	Physician or Hospital Telephone:

Special Accommodations	
Do you need special accommodations to perform the essential functions of the job?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what accommodations do you need?	

Education		
High School (Name and Address):	Years Completed:	Did you graduate? <input type="checkbox"/> No <input type="checkbox"/> Yes
College or University (Name and Address):	Major:	Units Completed:
	Minor:	Type of Degree:
<input type="checkbox"/> In Progress	<input type="checkbox"/> Completed	

### Bilingual Language Skills

Language:  Speak  Read  Write

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### Computer Skills

List all programs and expertise level (i.e. beginner, intermediate, or advanced):

### License and Insurance Information

Driver's License Number:	State:	Expiration Date:
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Name of Insurance Company:	Agent:	Telephone:
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Has your license ever been suspended or revoked?  No  Yes

If Yes, please explain:

### Volunteer Experience

Please list any previous experience or special skills that would be beneficial to our program.

How did you hear about our program?

Are you willing to make a time commitment of 120 hours, or more?  No  Yes

If No, please state why:

### Employment History

List current employer

Company Name and Address:	Telephone:
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Supervisor Name:	Job Title:
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From:	To:
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**References**

Please list **TWO** references (one professional and one personal) that do not reside in the same household **AND** are not related to you:

Name	Address	Phone	Position/Title

**Please List Preferred Geographic Area(s) for Volunteer Placement:**


**Availability**

When are you able to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

**CERTIFICATE OF APPLICANT:** I certify that all statements made in this entire application, including any attachments, are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**When completed send to:**

Workforce Education and Training  
Volunteer Services  
Attn: Sue Abito  
1950 Sunwest Lane, Suite 200  
San Bernardino, CA 92415  
**Tel: (909) 252-4045**

