

**IECC Volunteer Application**

**I. Applicant Contact Information**

Name:

Email:

Address:

Telephone: ( )

**HOME /CELL**

**II. Employment**

Are you currently employed?

If yes, indicate duration of employment:

Name of Current Employer, if applicable:

**III. Education**

Highest Degree Attained: Major: Institution, High School:

Apt #

( )

**CELLULAR**

City

**-**

State

Zip Code

NO YES How did you hear about volunteering with IECC?:

Are you 18 or older?

If NO, please indicate Date of Birth:

Are you currently attending school?

YES

If yes, name of school:

Month

NO NO

Begin Date

YES YES

to:

Location/Dept:

End Date

NO During which hours are you available for volunteer assignments?

**V. Interests**

Tell us the areas in which you are interested in volunteering:

**VI. Special Skills or Qualifications**

**IV. Availability**

MON

TUES

WED

THURS

FRI

SAT

SUN

MORNING

AFTERNOON

EVENING

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

**Certifications and Expiration Dates** (e.g. CPR, First Aid): **Languages**:

**VII. Previous Volunteer Experience**

Summarize your previous volunteer experience:

Are you currently an IECC Volunteer?

Have you volunteered for IECC? If yes, indicate duration of assignment:

**VIII. Criminal Background**

NO YES NO YES

Begin Date

to:

Location/Dept:

End Date

Have you ever been convicted of a felony or a misdemeanor? You may exclude:

a. Traffic violations for which the fine imposed was $300.00 or less; b. Any conviction specified in the Health & Safety code section 11361.5 which pertains to various marijuana offenses; c. Any conviction that has been sealed, expunged or legally eradicated; d. Any offense which has finally settled in juvenile court or referred to the youth authority; e. Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged AND the case has been judicially dismissed pursuant to Penal Code section 123.4. To qualify for omission under Penal Code section 1203.4, an individual must have taken an affirmative action to file a petition with a court to have the conviction set aside and been successful in that action.

NO

YES If YES, please explain:

**IX. Person to Notify in Case of Emergency**

Name: First Last

Address:

Street Name Telephone: ( )

**HOME**

Email:

**X. Agreement and Signature**

Apt # City ( ) -

**CELLULAR**

State

Zip Code

**-**

( )

**WORK**

-

|  |
| --- |
| By submitting this application, I affirm that the facts set forth in it are true and complete. I authorize IECC to verify any information relevant to my suitability as a volunteer. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from any volunteer assignment. Volunteer Participant Name (printed): Signature: Date:  |
|  |
|  |

2

**XI. Volunteer Code of Ethics & Rules**

I have been informed of IECC position regarding child abuse, and have read and understand that portion of my Volunteer Application. I understand that in addition to the state mandates, IECC will, among other things, conduct a thorough check of my background.

I understand that allegations or suspicions of child abuse are taken very seriously by IECC and will be reported to police and/or state agencies for investigation and that IECC will fully cooperate with any related investigations and will pursue the prosecution of child abusers to its full extent screening, I still desire consideration as a volunteer for IECC.

Affirmation

I hereby affirm that my answers to questions on the application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application is cause for denial of this application or termination of my volunteer services regardless of when or how discovered; and that my service is subject to government regulations, IECC review and acceptance of fingerprint record and proof of minimum age.

I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest while being considered for a volunteer position.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

Volunteer Name: (PRINT)

Parental Consent (Required of youth volunteers, age 15--18)

Parent/Guardian Name: (PRINT): Signature & Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date