



new horizons
Serving Individuals with Special Needs

Volunteer Application

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: (day) _____ (cell) _____ (eve) _____ E-mail: _____

Referral Source: Organization Relative Friend Volunteer Match
 School Volunteer Center Other _____

Occupation (if retired, former occupation): _____

Student (Name of School): _____

Education Completed: High School College Degree Advanced Degree
Degrees and/or Certificates: _____ School: _____

Skills you would like to share with New Horizons:

- | | | | |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Arts, Crafts | <input type="checkbox"/> Cooking | <input type="checkbox"/> Marketing/Business | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Music/Singing/Drama/Dance | <input type="checkbox"/> Translation |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Fitness | <input type="checkbox"/> Organizing | (Spanish) |
| <input type="checkbox"/> Computers, Website | <input type="checkbox"/> Gardening | <input type="checkbox"/> Photography | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Construction/Maintenance | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Sales | _____ |

Volunteer Assignments you would like to be interested in:

- | | | |
|---|--|--|
| <input type="checkbox"/> Greeter/Reception | <input type="checkbox"/> Art Center Assistant | <input type="checkbox"/> Speaker's Bureau Coordinator |
| <input type="checkbox"/> Mailings | <input type="checkbox"/> Brite Lites Assistant | <input type="checkbox"/> Speaker's Bureau |
| <input type="checkbox"/> Special Events Committee
(solicit ads, auction items) | <input type="checkbox"/> Brite Lites Choreographer | <input type="checkbox"/> Community Relations |
| <input type="checkbox"/> Classroom Assistant | <input type="checkbox"/> Data Entry/Website Update | <input type="checkbox"/> Exercise/Recreation Services |
| <input type="checkbox"/> Marketing Assistant | <input type="checkbox"/> Event Photographer | <input type="checkbox"/> Client Dances/Holiday Party |
| <input type="checkbox"/> Beautification Projects | <input type="checkbox"/> Family Social Events | <input type="checkbox"/> Coordinate or Lead Agency Tours |
| | <input type="checkbox"/> Other: _____ | |

Availability: Morning Afternoon Evening Weekdays Weekends Flexible
 Short term (dates): _____ On-going

VOLUNTEER & EMPLOYMENT EXPERIENCE

Company Name Contact Person	Address/Phone	Dates From - To	Work Performed	Reason for Leaving

EMERGENCY CONTACTS

Please list two people whom we can call in the event of an emergency:

Name	Address	Phone	Relationship

- Have you ever been convicted of a felony? Yes No
- Have you ever been convicted of Minor Traffic violation with a fine of more than \$100? Yes No
- Have you been convicted of any offense that was finally settled in a juvenile court or under a welfare youth offender law? Yes No
- Has any incident been sealed under Welfare & Institutions Code 781 or Penal Code Sec. 1203.45? Yes No
- Have you ever been convicted of a violence, hate or sex crime? Yes No
- Has your driver's license ever been suspended or revoked? Yes No
- If your answer to any of these questions is yes, please list all offenses on a separate page giving the date, location, nature, and disposition for each. A conviction will not necessarily disqualify you from volunteering at New Horizons.

REFERENCES

Please list three non-family members who can provide references on your ability to perform this volunteer position:

Name	Address	Phone	Relationship

By signing below I give my permission to check the references I have listed and verify that in answering the above questions, I have provided accurate and complete information. I acknowledge that the above information is voluntarily supplied and may be used and disclosed for New Horizons purposes only and that as a volunteer I will not be paid for my services.

Signature: _____

Date: _____

FOR OFFICE USE ONLY	
Interviewed By and Date: _____	Orientation: _____ Agency Tour: _____
Position: _____ Dept.: _____	Begin Date: _____
End Date: _____ Reason: _____	
Date entered in database: _____	By: _____
Notes: _____	
Other assignments: _____	
Recognitions: _____	