Riverside Community Health Foundation

4275 Lemon Street, Riverside, CA 92501
(951) 788-3471 · FAX (951) 465-7243

VOLUNTEER APPLICATION
All information in this document is confidential.
Please print.

Name/Last _____ First _____ Middle _____
(Use legal name)

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone ( ) _____ Cell Phone ( ) _____ E Mail _____

Male / Female   Over 18? Yes ☐   No ☐
(Circle One)   If under 18, parental signature is required

Are there any reasons you may have difficulty performing the essential functions of the volunteer job for which you have applied? ☐ Yes ☐ No   If yes, please explain _____

_____

VOLUNTEER EXPERIENCE

Interests, Skills, Hobbies _____

Clubs, Organizations you belong to _____

Education (highest level) _____ Name of School _____

Have you volunteered before? Yes ☐   No ☐

Position _____

Describe the work _____

Agency _____ Address _____

Phone ( ) _____

Position _____

Describe the work _____

Agency _____ Address _____

Phone ( ) _____

Position _____

Describe the work _____

Agency _____ Address _____

Phone (_____) _____

Your availability:

Hours per week/month _____ Preferred Days _____ Time of Day _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship _____ Day Phone (_____) _____

1) Name _____ Relationship _____ Day Phone (_____) _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you?
Yes _____ No _____ If yes, please explain below. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. Some volunteer positions require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.)

_____

_____

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to the Riverside Community Health Foundation to conduct reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant _____ Date _____

The Riverside Community Health Foundation acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to the Riverside Community Health Foundation. I also give the Riverside Community Health Foundation my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

RCHF Response:

Staff Reviewed: _____

Staff Assigned to Respond: _____

Program(s) Match: _____

Volunteer Contacted: _____

Comments: _____

_____

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_____