



For Office Use Only	
Date of Application:	_____
Date of Interview:	_____
Date of Orientation:	_____

Name: _____

LAST FIRST MIDDLE NAME ON BADGE

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ E-Mail : _____

Date of Birth: ___/___/___ *Social Security #: ___-___-___ *TDL _____ Sex: ___M ___F

*If you are not comfortable sending your SSN or TDL via e-mail, you may provide this at the time of your interview.

Are you a U.S. Citizen: ___ Yes ___ No Occupation: _____

Special Skills or Training: _____

Education: _____

Hobbies: _____

Special Interests: _____

Other: _____

Have you ever served as a Volunteer: ___ Yes ___ No If "yes" please provide information below

Organization: _____ Number of Hours: _____ Number of Years: _____

Supervisor: _____ Supervisor's Phone Number: _____

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Supervisor: _____ Supervisor's Phone Number: _____

How did you hear about our Volunteer Program?

Church: ___ Friend: ___ Flyer: ___ Newspaper: ___ Website: ___

Presentation: ___ Other: _____

What do you hope to gain from your experience as a Volunteer? _____

Are you volunteering to meet requirements (Community Service Hours, etc.) for a specific reason? If "Yes",

Please explain: _____

Are you a current or former client of Santa Maria Hostel, Inc? Yes ___ No ___

If, a former client, how long ago? _____

(If you are currently a client or have been within the last two years, you will not be able to volunteer at this time.)

When are you able to volunteer? (Please indicate days and times available)

Mon _____ Tue _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

What volunteer positions are you interested in? (Please check all that apply)

_____ Arts & Crafts _____ Child Care/Activities _____ Cuddles Program _____ Homework Help _____

_____ Individual Counseling _____ Adult Group Facilitating _____ Other _____

_____ Special Events _____ Special Projects _____ Clerical Support _____ Receptionist _____ Recruiting

*If you are interested in individual counseling or facilitating a group, please note that you will be required to complete at least 16 hours of training which will include, but is not limited to: Ethics, HIPAA, Client Rights, and Abuse, Neglect and Exploitation.

Please list two references, which are not related to you but have known you for at least one (1) year. Please provide a complete address and phone number for each individual listed. The reference forms will be mailed.

1. _____
Name Phone Mailing Address

2. _____
Name Phone Mailing Address

HEALTH PROFILE

Please Note: The following information is required in the event you become ill or injured while on duty as a volunteer. In the event of a medical emergency, you will be taken to the emergency room. The volunteer health profile will be treated as confidential.

Physician Phone Number(s)

APPLICANT'S RESPONSIBILITIES

I hereby certify that all information contained on this application is true and complete. I authorize Santa Maria Hostel to contact all sources necessary to verify this information and to check references as the Santa Maria may deem appropriate.

Should I be accepted as a Volunteer at Santa Maria, I am aware that serving as a volunteer is a privilege carrying with it high trust and commensurate responsibility. I agree to fulfill my service commitment and conform to all policies, ethics, and guidelines of the Volunteer and Santa Maria Program(s). I also hereby agree to dedicate myself to services without the expectation of any compensation or any special privileges.

INFORMATION YOU SHOULD KNOW:

- Santa Maria Hostel will conduct a background check.
- Santa Maria Hostel will conduct a Urine Analysis test.
- Volunteers must complete all relevant training.
- Volunteers must provide 2 contacts with mailing addresses, phone numbers, or e-mail for references.
- Volunteers assume the responsibility of asking questions for clarification.
- Volunteers are required to maintain confidentiality at all times during their volunteer assignments.