



Volunteer Application



This application is for all Avenidas Volunteer Corps programs, with the exception of La Comida de California and Partners in Caring. Please click [here](#) or call 650-289-5412 if you are interested in volunteering for Partners in Caring or La Comida de California.

Name	
Street Address	
City, State, ZIP	
Home or Work Phone	
Cell Phone	
E-Mail Address	
Birthdate	

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Morning	___	___	___	___	___	___
Afternoon	___	___	___	___	___	___
Evening	___	___	___	___	___	___

Volunteer Areas of Interest

- | | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Avenidas Rose Kleiner Senior Day Health Center in Mountain View (see separate listings) |
| <input type="checkbox"/> Road Runner Driver | <input type="checkbox"/> Avenidas Village in Palo Alto (see separate listings) |
| <input type="checkbox"/> Early Literacy Program | Partners in Caring through Stanford Hospital partnership (see above for more information) |
| <input type="checkbox"/> Computer Tutor | La Comida de California, providing lunch service for seniors (see above for more information) |
| <input type="checkbox"/> Data Entry | |
| <input type="checkbox"/> Mailings | |
| <input type="checkbox"/> Events | |
| <input type="checkbox"/> Health & Wellness | |
| <input type="checkbox"/> Lifelong Learning & Leisure | |

List of Personal and/or Work References

Name	Phone

Special Skills & Previous Volunteer Experience

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

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Person to Notify in Case of Emergency:

Name	
Cell Phone	
Home Phone	
Work Phone	
E-Mail Address	

Volunteer & Confidentiality Agreement / Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. As an Avenidas volunteer, I will agree to the following: 1) I will offer my time without monetary compensation 2) I agree to conform to all of Avenidas' procedures and regulations 3) 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, and 4) I authorize Avenidas to contact my references. Finally, as an Avenidas volunteer I understand it is imperative to protect the confidentiality of all information pertaining to any Avenidas member, non-member or other volunteer or client associated with Avenidas, including any unauthorized possession, use, copying, reading or disclosure of applicable records, ledgers or files.

Name (printed)	
Signature	
Date	

Your signature indicates your agreement to adhere to these responsibilities if placed as a volunteer. Avenidas is not obligated to provide a placement, nor are you obligated to accept the position offered. The information you have submitted will not be given to any other parties without your written consent.

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with Avenidas.

Volunteer Background Check

A volunteer background check is required for all Avenidas volunteers, as we serve two vulnerable populations: seniors and children. We keep this information secure and shred the forms once the check is complete. Please fill out the form below and return with your signed application.

Office Use Only	Volunteer Assignment:	Start Date:	Exit Date:
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Volunteer Background Check Permission Form

Provided by the Nonprofits' Insurance Alliance Group (NIAC)

I, _____

hereby authorize Avenidas to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding, and convictions for, crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency to correct any inaccuracies.

As a volunteer for Avenidas, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

SIGNATURE OF APPLICANT

DATE

FULL NAME OF APPLICANT

ADDRESS

CITY

STATE

ZIP

DATE OF BIRTH

SOCIAL SECURITY NUMBER

Male Female
GENDER (CIRCLE ONE)

IDENTIFICATION

STATE OF ISSUANCE

DATE OF EXPIRATION

California Applicants: If you would like a copy of your background check sent to you, please check the box.

To be completed by organization:

Identification verified with government issued picture identification.

N/A

N/A

N/A

DATE

TYPE OF IDENTIFICATION

VERIFIER'S INITIALS