Volunteer Application

This application is for all Avenidas Volunteer Corps programs, including Avenidas Village and Avenidas Rose Kleiner Senior Day Health Center. Please call (650) 289-5412 or email jhalliburton@avenidas.org if you have any questions.

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

Availability

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<th>Monday</th>
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Avenidas' volunteer programs take place during business hours: M-F between 9am-5pm

Volunteer Areas of Interest

___ Administration
___ Avenidas Rose Kleiner Senior Day Health Center in Mountain View (see separate listings)
___ Avenidas Door-to-Door
___ Avenidas Village in Palo Alto (see separate listings)
___ Avenidas Grocery Driver
___ Partners in Caring through Stanford Hospital partnership (see above for more information)
___ Early Literacy Program Tutor
___ La Comida de California, providing lunch service for seniors (see above for more information)
___ Computer Learning Center Tutor
___ Data Entry
___ Mailings / Events
___ Health & Wellness
___ Lifelong Learning & Leisure

List of Personal and/or Work References

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<th>Name</th>
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Special Skills & Previous Volunteer Experience
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies.

Person to Notify in Case of Emergency:

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<td>E-Mail Address</td>
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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:
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 contendre 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 contendre 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 (REQUIRED) ____________________________ GENDER (CIRCLE ONE) Male Female

DRIVER’S LICENSE OR I.D. # ____________________________ 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 ____________________________

JAH v7 09/13