



## Riverside Community Health Foundation

4275 Lemon Street, Riverside, CA 92501  
(951) 788-3471 · FAX (951) 788-3589

### Program of Interest:

- Health Fair
- Health Seminar
- Miles of Smiles
- RCDC
- Teen Health
- Other \_\_\_\_\_

### 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 \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_

**RCHF Response:**

Staff Reviewed: \_\_\_\_\_

Staff Assigned to Respond: \_\_\_\_\_

Program(s) Match: \_\_\_\_\_

Volunteer Contacted: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_