

DATE: _____



Volunteer Application

Check one: ___ Mr. ___ Ms. ___ Mrs. Sex: ___ male ___ female Birthday: mo ___ day ___

Date of Birth; Month: _____ Day: _____ Year: _____ Social Security Number: _____

Last Name _____ First Name _____ Mi: _____

Preferred Address: Home ___ Work ___

Line 1 _____

Line 2 _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Preferred E-mail: Home _____ Work _____

I prefer to be contacted by: ___ E-mail ___ Phone

Drivers License Number: _____ State of Issuance: _____ Expiration: _____

___ I would like to receive e-mails about American Family Housing

Employer _____ Position _____

Organization/ group (if applicable) _____

Have you ever been convicted (including entering a plea of guilty or nolo contendere) of any felony crimes with in the past 7 years? Do not include convictions that were sealed or expunged pursuant to a court order.

Yes ☐ No ☐

NOTE: Before answering this question regarding criminal convictions please refer to the instructions below if you reside or are applying for a position in Alaska, California, Connecticut, District of Columbia, Georgia, Hawaii, Massachusetts, Ohio or Washington.

A "yes" is not an automatic bar to volunteer service with the [AFFILIATE DBA NAME]; the circumstances relating to the offense will be considered in relation to the volunteer position for which you are applying.

INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

California Applicants: Do not identify convictions under California Health & Safety Code §§11357(b) or (c), 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365, or 11550 related to marijuana offenses that occurred two or more years before the instant application. Also, do not identify any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated, or any misdemeanor conviction for

which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.

If you answered "Yes", please provide the following information: The date, place of the offense and charge:

What other information do you believe is pertinent to our full understanding of this matter?

Why do you want to volunteer for American Family Housing? _____

Do you speak a foreign language? _____ If yes, what language? _____

Please indicate if you have more than one year of experience in the following areas:

_____ Computer Skills	_____ Sales	
_____ Journalism	_____ Teaching	_____ Marketing
_____ Event Planning	_____ Photography/Videographer	
_____ Finance	_____ Public Relations	
_____ Fundraising	_____ Public Speaking	
_____ Grant Writing	_____ Sports	

Please list any additional skills that you would be willing to contribute _____

Please mark the following Volunteer Opportunities you are interested in.

Drives:

___ Food / Hygiene
___ Canned Meats
___ **New** –Towels, wash clothes

Mentoring & Tutoring:

___ Mentoring a child
___ Children Tutoring ages 5-12 (M/T/W Evenings)
___ Adult Women Tutoring ages 18-30

Training Support:

___ Classroom Instruction
___ Self-Esteem Seminars
___ Motivation Speakers

Children Activities and Crafts:

___ Watching the Children (M/T/ W Evening 6:30-8pm)
___ Children Craft Activities (M/T/W Evening 6:30-8pm)

Event Support:

___ Holiday Events (Christmas, Easter, etc)
___ Health Fairs
___ BBQ Event

Fundraising & Office Support:

___ Development Team (meets once a month)
___ Office Support (Mon.- Fri., 8-5 pm)

How often would you like to volunteer? _____ Weekly _____ Monthly _____ Occasionally

Daytime availability ___yes ___no **Evening availability** ___yes ___no **Weekend availability** ___yes ___no
____AM 8:30- 12 noon _____ PM 12 noon – 5PM _____ After Hours 5PM-10PM

Emergency Contact:

Name: _____ **Phone:** _____

Relationship to Volunteer: _____

DATE: _____

AGREEMENT

It is understood and agreed upon by American Family Housing and the undersigned that the relationship entered into is one of volunteerism and not employment; that both parties agree there will be no payment or fringe benefits which may be enjoyed by regular employees; and that either party may terminate the volunteer services at any time, with or without cause and without prior notice.

I also hereby authorize and give full consent to American Family Housing to take photographs of myself and to display, publish and copyright the same. It is further agreed that American Family Housing may use or cause to be used these photographs, for, or in, any and all exhibitions, public displays, publications, commercial art and advertising purposes, provided upon condition that American Family Housing is duly credited when photographs are used or printed. I also agree not to seek monetary reward for photographs used in pursuant to this release.

Printed Name of Volunteer: _____

Volunteer's Signature: _____

Parent's or Guardian's Signature: _____

(If volunteer is under age 18)

Date: _____

Thank you for your interest in volunteering with American Family Housing. We appreciate your offer to share your time and talents with us. We will contact you once we have received your completed application.

Please return to: American Family Housing 15161 Jackson St., Midway City, CA 92655 **Or email to:** clutkus@afhusa.org

For Office Use Only

☐ Background Check

☐ Welcome E-mail

☐ Training