

C O N F I D E N T I A L

VOLUNTEER INFORMATION FORM

I. GENERAL INFORMATION

Name: _____
(first) (middle) (last)

Address: _____
(street) (city) (zip)

Phone: Day: () _____ Best time to call: _____
Eve: () _____ Best time to call: _____

Email address: _____

Date of birth (MM/DD/YY) Driver's license Number (State) Social Security Number (optional
or California I.D.)

II. VOLUNTEER INTEREST

1. Why are you interested in volunteering at JCI?

2. What volunteer position(s) do you seek?

3. Have you had previous experience in this area(s)?

4. What time commitment do you desire? Length of time? Days, hours?

5. What are some of your previous volunteer experiences and when?

6. How did you hear about volunteer opportunities at the JCI?

7. Are there any medical conditions, medications, or disabilities that we should know of?

III. EMERGENCY CONTACT

Person who we can contact in case of an emergency:

_____ (name) _____ (relationship) _____ (daytime phone)

_____ (Medical Physician's Name) _____ (office phone)

_____ (Physician's Address)

IV. PERSONAL REFERENCES

Have you ever been convicted of a misdemeanor or a felony? _____

If yes, please give date nature, and disposition of offense. _____

Please note: A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. A criminal record may prevent an individual from volunteering, depending on the nature of the offense.

How did you learn about the JCI Volunteer Program?

If an individual referred you, please list name:

(name)

(relationship)

Applicant Signature: _____ *Date:* _____

Thank you for your volunteer interest at the JCI!

Office Use Only

Start Date: _____ Orientation: _____ Placement: _____