



JOSLYN CENTER
 73-750 CATALINA WAY
 PALM DESERT, CALIFORNIA 92260-2906
 760-340-3220 FAX: 760-568-9230

VOLUNTEER APPLICATION FORM
Confidential Information

LAST NAME: _____ FIRST _____ MIDDLE _____

ADDRESS: _____ APT# _____

CITY: _____ STATE _____ ZIP _____

HOME PHONE _____ CELL # _____ E-Mail Address _____

EMERGENCY CONTACT PERSON _____ NUMBER(S) _____

MALE/FEMALE DATE OF BIRTH _____
 (CIRCLE ONE) (MONTH/DAY)

PHYSICAL LIMITATIONS _____
 (PLEASE BE SPECIFIC: IF NONE, WRITE NONE)

Volunteer Experiences

Interests, Skills, Hobbies etc. _____

Clubs, Organizations etc. you belong to _____

Education (highest level) _____

Have you volunteered before? Yes _____ No _____ If so what position? _____

What Organization? _____ Address _____

Phone # _____ Contact person _____

May we contact the agency? Yes _____ No _____

When are you available? Month(s) _____ Day(s) _____ Times _____

Areas of interest in volunteering: Please Check:

- Audio/Video operations
- Bingo Caller
- Blood Pressure RN's
- Center Reception Desk
- Center Events Assistance
- Community Outreach (visiting and calling members)
- Decorating for Events
- Driver For Meals on Wheels**
- General Office Work

Over

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Volunteer Application (continued)

- Grant Writing
- Greeters, Ticket Sales etc.
- Mailings: Newsletter, Flyers, etc.
- Meals on Wheels Assistance
- Phone Assistance for the Wellness and Safety Support Center
- Photographer
- Public Speaking, Lectures Etc.
- Set Design and Construction
- Teaching Classes: Be Specific _____
- Ushering
- Web Site Construction and Maintenance
- Other skills beneficial to the center _____

Driving Information **

If you are volunteering for a position that requires driving, Joslyn Center requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?
Yes _____ No _____

As a Volunteer, I agree to provide a valid drivers license number and proof of current automobile insurance. I agree to allow Joslyn Center to verify the auto information provided by me. I agree that I will notify my volunteer supervisor if my driver license becomes restricted, revoked, and/or expired.

Insurance Carrier _____ Policy # _____

Driver's License # _____ State of Issuance _____ Expiration Date _____

Signature of Applicant _____

Criminal History

Have you ever been convicted of a felony? Yes _____ No _____

If the Joslyn Center wishes to check your background, do you give permission to do so?
Yes _____ No _____

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 the application can disqualify me from consideration and/or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Joslyn Center to conduct a driver licenses record check as needed, as well as references checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant _____ Date _____

Joslyn Center acknowledges that equal opportunity for all. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disabilities, sexual orientation, sex, or marital status.