



VOLUNTEER APPLICATION

R.E.A.C.H.

PRINT FULL LEGAL NAME: _____
First Name Middle Name Last Name

DATE OF BIRTH: ____/____/____ MALE / FEMALE (Circle One)
Month Day Year

E-MAIL ADDRESS: _____ FAX: (____) _____

HOME ADDRESS: _____
Street City State Zip Code

HOME PHONE: (____) _____ CELL/WORK PHONE: (____) _____

EMPLOYER NAME: _____ OCCUPATION: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY TELEPHONE NUMBER: _____

GENERAL VOLUNTEER OPPORTUNITIES

Do you have experience working with individuals with developmental disabilities? Yes or No (Circle One)

If yes, please specify: _____

I would like to participate in the following area(s):

- Nutrition Program Golf Tournament Public Relations
 Mentoring Fundraising Office Support
 Medical (circle type of license) RN LPN EMT MD

What special skills, licenses or training do you have that would be valuable to our organization?

- Red Cross Other Medical Clerical Photography
 Carpentry Computer Other Media/Graphics

Please list any present/previous volunteer affiliations:

Agency/Organization: _____ Contact Name/Phone: _____

Agency/Organization: _____ Contact Name/Phone: _____

Please list 2 NON-FAMILY personal/professional references (minor must list 1 reference from school):

1. Name: _____ Phone Number: _____

Complete Address: _____

2. Name: _____ Phone Number: _____

Complete Address: _____



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1. Do you use illegal drugs? Yes or No
2. Have you ever been convicted of a misdemeanor or felony offense? Yes or No
3. Have you ever been charged with neglect, abuse or assault? Yes or No
4. Has your driver's license ever been suspended or revoked in any state? Yes or No

If you answered "yes" to any of the above questions, please provide a written explanation with this application. Answering "yes" to any of the above questions does not necessarily preclude you from participation as a volunteer.

PLEASE READ THE FOLLOWING PROVISIONS BEFORE SIGNING THIS APPLICATION:

I, as an adult age 18 or older, understand and agree that:

- the information I have provided may be verified and I hereby give permission to the above named organization and/or its successor organization to make inquiry of others concerning my suitability to act as a volunteer. I understand this verification and inquiry may include my motor vehicle operation history (DMV) and criminal background check(s). Further, I hereby release all parties and persons from any and all liability for any damages, and voluntarily waive any and all rights, claims, charges, complaints, or causes of action I have or may have against the organization including its directors, officers and representatives, and any consumer reporting agency the organization may engage as a result of the organizations' and/or its representative's actions in seeking, using and/or disclosing information gained from a Consumer Report or Investigative Consumer Report about me, or any other background check or report about me, including but not limited to information gained from the state or federal Sexual Offender Identification Line/Registry or any other source;
- in the course of volunteering for this organization, I may be dealing with confidential information and I agree to keep said information in the strictest confidence;
- the relationship between this organization is an "at will" arrangement, and it may be terminated at any time without cause by either party;
- I must have and maintain at least the minimum amount of automobile insurance as required by the State of California. I agree to notify the organization if I do not have such coverage at any time if I am asked to use my personal vehicle for the organization's related business or activities. Furthermore, I agree to not allow any person who does not have automobile insurance and the organization's authorization to drive by vehicle for the organization's related business or activities;
- I hereby grant the organization permission to use my likeness, voice, and words in or on television, radio, film, and the organization's website(s), or in any other form, format, or media, to promote the activities of or fundraising for the organization; and
- I am responsible for informing the organization of ANY changes regarding information contained in this application.

I affirm that I have read and understand the above and that the information I have given is true. I understand that in the event any false information is provided, I may be terminated from my volunteer position with REACH for Special Adults of the Tri-Valley.

Your Signature (or Parent/Guardian of Minor): _____

Date: _____

Please submit your application to:
P.O. Box 5564
Pleasanton, CA 94566