



**new horizons**  
Serving Individuals with Special Needs

## Volunteer Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (day) \_\_\_\_\_ (cell) \_\_\_\_\_ (eve) \_\_\_\_\_ E-mail: \_\_\_\_\_

Referral Source:  Organization  Relative  Friend  Volunteer Match  
 School  Volunteer Center  Other \_\_\_\_\_

Occupation (if retired, former occupation): \_\_\_\_\_

Student (Name of School): \_\_\_\_\_

Education Completed:  High School  College Degree  Advanced Degree  
Degrees and/or Certificates: \_\_\_\_\_ School: \_\_\_\_\_

### Skills you would like to share with New Horizons:

- |   |  |  |                                      |
|---|--|--|--------------------------------------|
| <input type="checkbox"/> Arts, Crafts             | <input type="checkbox"/> Cooking         | <input type="checkbox"/> Marketing/Business        | <input type="checkbox"/> Teaching    |
| <input type="checkbox"/> Bookkeeping              | <input type="checkbox"/> Data Entry      | <input type="checkbox"/> Music/Singing/Drama/Dance | <input type="checkbox"/> Translation |
| <input type="checkbox"/> Clerical                 | <input type="checkbox"/> Fitness         | <input type="checkbox"/> Organizing                | (Spanish)                            |
| <input type="checkbox"/> Computers, Website       | <input type="checkbox"/> Gardening       | <input type="checkbox"/> Photography               | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Construction/Maintenance | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Sales                     | _____                                |

### Volunteer Assignments you would like to be interested in:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Greeter/Reception  | <input type="checkbox"/> Art Center Assistant      | <input type="checkbox"/> Speaker's Bureau Coordinator    |
| <input type="checkbox"/> Mailings   | <input type="checkbox"/> Brite Lites Assistant     | <input type="checkbox"/> Speaker's Bureau                |
| <input type="checkbox"/> Special Events Committee<br>(solicit ads, auction items) | <input type="checkbox"/> Brite Lites Choreographer | <input type="checkbox"/> Community Relations             |
| <input type="checkbox"/> Classroom Assistant                                      | <input type="checkbox"/> Data Entry/Website Update | <input type="checkbox"/> Exercise/Recreation Services    |
| <input type="checkbox"/> Marketing Assistant                                      | <input type="checkbox"/> Event Photographer        | <input type="checkbox"/> Client Dances/Holiday Party     |
| <input type="checkbox"/> Beautification Projects                                  | <input type="checkbox"/> Family Social Events      | <input type="checkbox"/> Coordinate or Lead Agency Tours |
|   | <input type="checkbox"/> Other: _____              |  |

Availability:  Morning  Afternoon  Evening  Weekdays  Weekends  Flexible  
 Short term (dates): \_\_\_\_\_  On-going

### VOLUNTEER & EMPLOYMENT EXPERIENCE

Company Name Contact Person	Address/Phone	Dates From - To	Work Performed	Reason for Leaving

**EMERGENCY CONTACTS**

Please list two people whom we can call in the event of an emergency:

Name	Address	Phone	Relationship

- Have you ever been convicted of a felony?  Yes  No
- Have you ever been convicted of Minor Traffic violation with a fine of more than \$100?  Yes  No
- Have you been convicted of any offense that was finally settled in a juvenile court or under a welfare youth offender law?  Yes  No
- Has any incident been sealed under Welfare & Institutions Code 781 or Penal Code Sec. 1203.45?  Yes  No
- Have you ever been convicted of a violence, hate or sex crime?  Yes  No
- Has your driver's license ever been suspended or revoked?  Yes  No
- If your answer to any of these questions is yes, please list all offenses on a separate page giving the date, location, nature, and disposition for each. A conviction will not necessarily disqualify you from volunteering at New Horizons.

**REFERENCES**

Please list three non-family members who can provide references on your ability to perform this volunteer position:

Name	Address	Phone	Relationship

By signing below I give my permission to check the references I have listed and verify that in answering the above questions, I have provided accurate and complete information. I acknowledge that the above information is voluntarily supplied and may be used and disclosed for New Horizons purposes only and that as a volunteer I will not be paid for my services.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Interviewed By and Date: \_\_\_\_\_ Orientation: \_\_\_\_\_ Agency Tour: \_\_\_\_\_  
 Position: \_\_\_\_\_ Dept.: \_\_\_\_\_ Begin Date: \_\_\_\_\_  
 End Date: \_\_\_\_\_ Reason: \_\_\_\_\_  
 Date entered in database: \_\_\_\_\_ By: \_\_\_\_\_  
 Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 Other assignments: \_\_\_\_\_  
 Recognitions: \_\_\_\_\_