

## VOLUNTEER APPLICATION

Full name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ email \_\_\_\_\_

Best time & number to call you \_\_\_\_\_

Special interests, hobbies, skills:

\_\_\_\_\_

Ethnic or cultural background:

White \_\_\_ Black \_\_\_ Asian \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Other \_\_\_\_\_

Languages \_\_\_\_\_ Sign language yes \_\_\_ no \_\_\_

Date of birth: \_\_\_\_\_

In case of an emergency we should contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Type of volunteer opportunities (check all that interest you):

- |                                                         |                                                                                                |
|---------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> In Home Respite                | <input type="checkbox"/> Time Off for Caregivers (2 <sup>nd</sup> & 4 <sup>th</sup> Saturdays) |
| <input type="checkbox"/> Convalescent Hospital Visiting | <input type="checkbox"/> Office work                                                           |
| <input type="checkbox"/> Pet Visiting                   | <input type="checkbox"/> Special Events (e.g., Winter Concert, Beer Fest)                      |
| <input type="checkbox"/> Pen Friend                     |                                                                                                |

Time availability (circle the possibilities):

Morning	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Afternoon	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Evening	Mon	Tues	Wed	Thurs	Fri	Sat	Sun

### Citizens Who Care

\*1260 Lake Blvd. #208, Davis, CA 95616\*Tel (530) 758-3704\*Fax (530) 758-3773\*

Email: [citizenswhocare@omsoft.com](mailto:citizenswhocare@omsoft.com)

## Education:

School	State	Major	Degree	Dates
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## Employment:

Employer	Address	Position	Dates
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## Personal References (Two are required):

Name	Address	Phone
(1)		
(2)		

Please describe your prior volunteer and/or work experience:

Have you ever been convicted of a felony?  Yes  No If yes, please state the crime for which you were convicted.

How did you learn about CWC? \_\_\_\_\_

Why did you decide to volunteer with CWC at this time? What would you like to get out of the experience?

Do you have any health problems or impairments that affect your ability to volunteer for CWC or for which special accommodations should be made?  Yes  No If yes, please explain

I hereby authorize Citizens Who Care to conduct a review of all public information about me to assure client safety. In this regard, I understand that Citizens Who Care may terminate or adjust my services at anytime.

Signature \_\_\_\_\_  
 Photo identification (state type of I.D.) \_\_\_\_\_  
 Staff initial (verifies photo I.D.) \_\_\_\_\_

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**Convalescent hospital visitor and in-home respite volunteer applicants  
should also fill out this page**

Name \_\_\_\_\_

Briefly describe your experience with the elderly or the disabled.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program preference \_\_\_\_\_ No preference \_\_\_\_\_  
 In-home respite  
 Convalescent hospital (facility you prefer \_\_\_\_\_)

Indicate whether or not you would be willing to be assigned to a patient who:

	<u>Yes</u>	<u>No</u>
Is physically handicapped	_____	_____
Is non-ambulatory or bedridden	_____	_____
Has controlled seizures	_____	_____
Is vision-impaired or blind	_____	_____
Is hearing-impaired or deaf	_____	_____
Cannot speak or has difficulty speaking	_____	_____
Is incontinent (urine or feces)	_____	_____
Has dementia	_____	_____
Is depressed or withdrawn	_____	_____
Is confused or disoriented	_____	_____

What is your usual mode of transportation?

walking  bike  car  bus

Do you smoke?  yes  no

Have you any preferences or special conditions that should be considered in assigning you? (e.g. allergies, fear of pets, desire to bring a child along)

\_\_\_\_\_  
\_\_\_\_\_

CWC office use:

Date training completed \_\_\_\_\_ Date assigned \_\_\_\_\_

Forwarded to \_\_\_\_\_ on \_\_\_\_\_

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