



VOLUNTEER APPLICATION FORM

Thank you for your interest in the Alameda County Family Justice Center (ACFJC). We value our volunteers and interns and appreciate the time you commit to us. Please complete this volunteer application form and **submit to Volunteer Coordinator at ACFJC, 470 27th Street, Oakland, CA 94612.** (Please use Black/Blue Ink)

THE FOLLOWING INFORMATION IS CONFIDENTIAL

NAME:		
First	Middle	Last

VOLUNTEER POSITION APPLYING FOR: (Please mark no more than two)
<input type="checkbox"/> Clerical Support
<input type="checkbox"/> Client Intake Support
<input type="checkbox"/> College Internship (Name of School) _____
<input type="checkbox"/> Computer Training
<input type="checkbox"/> Data Entry
<input type="checkbox"/> Hospitality Services
<input type="checkbox"/> Special Events
<input type="checkbox"/> Interfaith Chaplaincy Program
<input type="checkbox"/> KidZone Children's Program
<input type="checkbox"/> Counselor – MFTI Counseling Program

MAILING ADDRESS:		
Street	Apt/Unit or PO Box	
City	State	Zip Code

Home Number: ()	Cell Number: ()		
E-mail address: _____			
What is the best way to contact you (Please Circle)?	Home	Cell	E-mail
What is the best time of day to contact you (Please Circle)?	Morning	Afternoon	Evening

ARE YOU OVER 18? (Please Circle)	YES	NO
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LANGUAGE PROFICIENCY: List language skills, other than English, you have and your levels of proficiency to speak, read, write, etc.)	
Language: _____	Level of Proficiency: _____

LEVEL OF EDUCATION: Please list your highest level of education and any degrees, certifications, or licenses held.

BACKGROUND CHECK: A background check is required to volunteer at the ACFJC.
Driver's State
DOB: ____/____/____ **License:** _____/____ **SSN:** ____ - ____ - ____

REFERENCES		
List three persons who are not related to you and who have definite knowledge of your business or professional qualifications for the volunteer position for which you are applying.		
Reference One: Name	Business/Occupation	Relationship
Address (Street)	City, State, Zip Code	Phone
Reference Two: Name	Business/Occupation	Relationship
Address (Street)	City, State, Zip Code	Phone
Reference Three: Name	Business/Occupation	Relationship
Address (Street)	City, State, Zip Code	Phone

Pre-Interview Information

1. Have you used illegal drugs in the last three (3) years? Y N
2. Have you been arrested for any crime in the last 10 years? Y N
3. Have you been involved in any illegal activity that would disqualify you as a volunteer? Y N
4. How many hours are you able to volunteer per week?

Please Circle: 5 10 10+ Other (Please List)_____

If you answered (Y) yes to any of the above please explain:

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CERTIFICATION: I certify that all statements, information and documents provided with this application are true, complete and correct to the best of my knowledge and are made in good faith. I understand that omissions, misleading, false or untrue information, or any attempt at fraud or deceit in any manner connected with this application and subsequent testing may result in my NOT being considered for a volunteer position with the Alameda County Family Justice Center.

RELEASE OF INFORMATION: I authorize the Alameda County District Attorney's Office to conduct a background check and gather all information concerning my character as a condition to applying for a volunteer and/or intern position with the Alameda County District Attorney's Office.

Printed Name	
Signature	Date

Please include a copy of your current resume

FOR ACFJC USE ONLY	
First Choice:	Second Choice:
Day(s) able to volunteer:	Mon Tue Wed Thurs Fri
Shift(s) able to volunteer:	
Application Received:	Application Processed:
Application Reviewed: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> Conditional Accept	
Reason for reject/conditional accept: 	
<input type="checkbox"/> Interviewed <input type="checkbox"/> Background checked <input type="checkbox"/> Fingerprinting (if needed) <input type="checkbox"/> Assigned to Position	
Orientation: Date completed: _____	
Start Date:	End Date: