

Volunteer Application

Date: _____

Contact Information

Full Legal Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone 1: _____ Phone 2: _____

Email: _____ Would you like to join our mailing list? yes no

Emergency Contact

Name: _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Personal History/Information

Do you have a disability? yes no Disability: _____

Currently Employed? yes no Position/Employer: _____

Religious Affiliation: _____

Church you attend (if applicable): _____

Please check all that apply:

Current CPR Certified Agency/Expires: _____

Liscensed Medical Professional Describe: _____

Previous Joni and Friends Volunteer When/Where: _____

Experience serving or working with people with disabilities

Describe: _____

I prefer working with children ages (check all that apply):

0-1 (Infant) 2-4 (Toddler) 5-8 8-12 12+ Any and All

Areas that I have experience or enjoy (check all that apply):

Arts & Crafts Teaching or leading a classroom Special Education

Music Recreation/Physical Eduaction Other

Describe: _____



How did you hear about the *Rest Assured* Program? (Check all that apply)

Website Flyer Friend Newsletter Previous *Rest Assured* Participant Other: _____

Permission/Authorization Agreement

Have you ever been convicted of a crime involving children and youth? yes no

Have you ever been convicted of child abuse, sexual abuse, or sexual harassment? yes no

Have you ever been arrested or accused of child abuse, sexual abuse, or sexual harassment? yes no

Please read the following statements carefully and sign indicating that you have read, understand, and agree to the provisions:

- *I hereby confirm that all the information above is true and correct. I authorize Joni and Friends to procure a consumer report (background check or known as an investigative consumer report in California).*
- *I give my consent that photographs, interviews, and audio/video recordings during the course of the Rest Assured respite care event may be used by Joni and Friends for training, promotion, and fundraising.*

I have read the above permission/authorization statements and agree to the terms designated in each.

Signature: _____ Date: _____

There are several methods for returning this application:

- Email centralcal@joniandfriends.org
- Drop off or mail: Joni and Friends Central California
1300 E. Shaw, Suite 135
Fresno, Ca 93710

----- OFFICE USE ONLY -----

Received by: _____ Date: _____

Background Check Complete: Yes No Date: _____

Comments: _____

