

## 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](mailto: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: \_\_\_\_\_

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