



Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

How did you hear about Wilshire Community Services? _____

Highest level of education achieved: _____

Additional Training / Certificates: _____

Language Abilities: _____

Current Employment Status (mark all that apply):

Retired ___ Employed ___ Self-Employed ___ Disabled ___ Unemployed ___ Student ___

Please list current and/or previous employment:

Company	Position	Length of Time
Current:		
Previous:		
Previous:		

Please list current and/or previous volunteer activities:

Organization	Activity	Length of Time

Please provide two references who are not your family members:

Name	Relation (friend, coworker, etc.)	Phone	Address

Please indicate which of the following services you are interested in providing:

- Transportation
- Shopping / Errands
- Light Housekeeping
- Home Repairs
- Yard Work
- Meal Preparation
- Caring Caller (Friendly Visits / Calls)
- Senior Peer Counselor
- Community Outreach
- Volunteer Supervisor
- Other: _____

Please indicate your preferred days and hours of availability:

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Please indicate your preference concerning client demographics:

- I prefer a male client
- I prefer a female client
- I do not have a gender preference
- I prefer a non-smoker
- I prefer a home with no pets
- Other: _____

Please indicate the San Luis Obispo County region(s) in which you would like to serve:

- North County (Atascadero, Templeton, Paso Robles)
- Coastal (Los Osos, Morro Bay, Cayucos, Cambria)
- South County (Pismo Beach, Grover Beach, Arroyo Grande)
- City of San Luis Obispo

Is there anything else you'd like us to know about your specific needs?

Emergency Contact Information:

Name: _____ Phone: _____ Relationship: _____

Applicant Signature: _____ Date: _____

Please attach a recent DMV print-out. This may be obtained from <http://www.dmv.ca.gov/online/dr/welcome.htm> for \$2.00 or from any Department of Motor Vehicles for \$5.00.

Applications may be submitted to:

Wilshire Community Services

Attn: Services Coordinator

285 South Street, Suite J

San Luis Obispo, CA 93401

khudson@wilshirehcs.org

Tel: 805-547-7025 ext.26 Fax: 805-549-0654

**VERITY SCREENING SOLUTIONS
 DISCLOSURE, AUTHORIZATION & RELEASE FORM
 VOLUNTEER APPLICANT**

As part of the application process to become a volunteer with WILSHIRE HEALTH & COMMUNITY SERVICES or wholly owned D/B/A:

Please Select Agency and/or Department:

- Caring Caller
 Good Neighbor Program
 Senior Peer Counseling

("Company"), I understand that they and/or its agents **may** conduct an investigation of my personal information. The investigation might include, but is not limited to names and dates of previous/current employment, work experience, workers' compensation claims, criminal history records (from local, state, federal and other agencies and/or courts), motor vehicle records, military records, names and dates of education. I understand that these records may be used for the eligibility to be a volunteer. I authorize without reservation the full release of these records and for Verity Screening Solutions and/or its agents contacted by Verity Screening Solutions to obtain information.

In addition, I release and discharge Verity Screening Solutions, and all of its agents and associates, any expenses, losses, damages, liabilities, or any other charges or complaints for the investigative process. I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at the Company. I also certify that all information provided is correct on the application and my resume to the best of my knowledge. Any false statements provided will be considered just cause for termination as a volunteer.

I acknowledge having received a written summary of my rights under the Fair Credit Reporting Act. I understand that I am entitled to a copy of my report upon my written request to Verity. Requests may be directed to: **Verity Screening Solutions, 8174 S. Holly Street, Suite 508 Centennial, CO 80122** or by calling 1-888-883-7489.

Signature: _____

Date: (MM/ DD/YYYY) / ____ / ____

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

PLEASE PRINT CLEARLY

Last Name:	First:	MI:	Used from:	Through:
			mm/yyyy	mm/yyyy

Social Security #:	Driver License/ID #:	State	* Date of Birth:	* Gender
- - -			MM/DD/YY / /	

Current Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

**Providing gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.*

OTHER NAME(S) USED DURING LAST SEVEN (7) YEARS

Last Name:	First:	MI:	Used from:	Through:
			mm/yyyy	mm/yyyy

Last Name:	First:	MI:	Used from:	Through:
			mm/yyyy	mm/yyyy

Last Name:	First:	MI:	Used from:	Through:
			mm/yyyy	mm/yyyy

FORMER ADDRESS(ES) USED DURING LAST SEVEN (7) YEARS

Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

FOR ADDITIONAL NAMES/ADDRESSES, PLEASE USE PAGE TWO (2)

PLEASE PROVIDE ME WITH A COPY OF MY BACKGROUND REPORT: **Yes** **No**

OTHER NAME(S) USED DURING LAST SEVEN (7) YEARS, continued

Last Name:	First:	MI:	Used from:	Through:
			mm/yyyy	mm/yyyy

Last Name:	First:	MI:	Used from:	Through:
			mm/yyyy	mm/yyyy

Last Name:	First:	MI:	Used from:	Through:
			mm/yyyy	mm/yyyy

Last Name:	First:	MI:	Used from:	Through:
			mm/yyyy	mm/yyyy

FORMER ADDRESSES USED DURING LAST SEVEN (7) YEARS, continued

Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

Former Address: Street/PO Box	City:	State	ZIP Code	County	Used from:	Through:
					mm/yyyy	mm/yyyy

Volunteer Questionnaire

1. What about this program interests you?
2. Counseling is a process for both the client and the counselor. What is your perception of the counseling process?
3. Participating in this program will influence your life. What are your expectations of this program and your participation in it?
4. What qualities do you have that would make you a good counselor?
5. What do you perceive are your weaknesses?
6. With what type of client issues do you think you might be particularly effective?
7. What type of client issues do you think you would *not* be willing to work with?
8. What are some of the issues facing older adults?

9. What are some of the positive aspects of growing older?

10. How do you feel about the aging process?

11. Describe any person experiences you had had with counseling, either as a "counselor" or a "couselee"?

Have you ever been convicted of a crime? No Yes If yes, please explain:

Do you have any physical limitations that would need to be accommodated or would limit your involvement in the program? No Yes If yes, please explain:

What form of transportation would you use? Car Bus Bike Walk

Emergency Contact:

Name: _____ Phone: _____

Address: _____

City: _____ Relationship: _____

Is there any other information you would like to provide that might be helpful in evaluating your application?

Signature: _____

Date: _____