



child s·h·a·r·e™  
SUPPORT • HOPE • ADVOCACY • RESOURCES • ENCOURAGEMENT

# Volunteer Application

Please fill out as completely as possible

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Indicate:  Mr  Mrs  Ms

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Birthday (Day/Month): \_\_\_\_\_ Preferred method of communication:  Email  Phone  Mail

**Please check all that apply:** Special Interests/Hobbies: \_\_\_\_\_

ASL fluent

Bilingual (Span/Eng)

Other \_\_\_\_\_

Days available:  Mon  Tues  Wed  Thu  Fri  Sat

**Type of work interested in** (Please check all that apply):  AM  Afternoon  Evening

**Office**  **Event**  **Welcome Kits**  **Other** (Please specify): \_\_\_\_\_

Mailing

Notebooks

LA Marathon

Assembly

Data Input

Application

LA Walk-Your-Talk

Delivery

Filing

Packets

OC Walk-Your-Talk

**Supply Drive**

Copying

Co-Op

Annual Gala

Backpacks

Organizing

Inventory

Villa Del Sol

Supply

In-Office

Service Project

Toy

Are you at least 16 years old?  Yes  No

Have you ever been convicted of a felony, an assault or any crime related to abuse or neglect of children?

Yes  No If yes, please explain \_\_\_\_\_

Additional Information (Please provide any additional information not covered in this form that you feel might be useful):  
\_\_\_\_\_

**Emergency Contact Information** (person to contact in case of emergency):

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

LA Office: 1544 West Glenoaks Blvd, Glendale CA 91201 (818) 243-4450 Fax (818) 243-4449  
Orange/Riverside Office: 1615 E 17th Street, Santa Ana CA 92705 (714) 619-0245 Fax (714) 619-0251

Please complete other side →

**Photo Release:**

\_\_\_\_\_ I agree and consent that Child S.H.A.R.E. and it's nominees and assigns, may use the likeness and/  
(Initial here) or photography, as applicable, or any reproduction (full or partial) thereof, in any form, style, or color, together with any writing and other advertising material, including television, in connection therewith, including the use of my name, as they may select.

The consent and release is given without limitation upon, or liability for, any use for advertising, illustration, publication or broadcast of every kind, or in trade or media, or for any purpose. I further agree that such photography and/or likeness or voice and the film, tape, plates, and negatives thereof, shall be and remain their exclusive property. I further waive any right to inspect or approve the commercial or advertising material.

**Confidentiality Statement:**

\_\_\_\_\_ Child S.H.A.R.E. commits to protect the privacy and confidentiality of children and families in the  
(Initial here) Child S.H.A.R.E. will. As a volunteer with Child S.H.A.R.E., I come into contact with personal and confidential information regarding children and families within the Child S.H.A.R.E. network. I understand and acknowledge that any information obtained in my capacity as a volunteer must be kept confidential. Information includes but is not limited to that obtained through direct contact, documents, files, reports, applications, telephone conversations and email communications. Failure to comply with this provision will result in my subsequent dismissal from the volunteer program.

**Terms & Conditions:**

\_\_\_\_\_ I understand that as a volunteer for Child S.H.A.R.E. I will receive no compensation or reimburse-  
(Initial here) ment. All hours and resources given to Child S.H.A.R.E. are considered a donation.

\_\_\_\_\_ I understand that I may be asked to undergo a background check in order to volunteer for certain  
(Initial here) positions or activities.

I certify that the answers I have given in this application are correct and complete to the best of my knowledge. I acknowledge that any falsification or misrepresentation of this or any other personal records may result in my subsequent dismissal from the volunteer program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Name (printed): \_\_\_\_\_

<p><b>For Office Use Only</b></p> <p>Date received: _____ ID: _____ Follow up: _____</p> <p>Comments: _____</p>
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