



Wild Iris Family Counseling and Crisis Center Volunteer Application

An Equal Opportunity Employer

Please Print

Date Last Name First Name Middle

Present Address

No. & Street City State Zip Code

Permanent Address (if different from present address)

No. & Street City State Zip Code

Phone email

Personal Information

How did you hear about our company and this volunteer position?

Have you ever applied to or worked for Wild Iris before? yes no

If yes, when?

Why are you applying to volunteer?

(Note: We comply with the Fair Employment and Housing Act (FEHA) and the Americans with Disabilities Act (ADA). We consider reasonable accommodation measures that may be necessary for eligible applicants/volunteers to perform essential functions. Volunteers may be subject to passing a medical examination, and to skill and agility tests.)

Volunteer Application

Education, Training, and Experience

| School | Name and Address | No. of Years Completed | Did you Graduate? | Degree or Diploma |
|-----------------------------|------------------|------------------------|--|-------------------|
| High School | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | Name | | | |
| | _____ | | | |
| | Address | | | |
| | _____ | | | |
| | City | State | Zip Code | |
| College/ University | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | Name | | | |
| | _____ | | | |
| | Address | | | |
| | _____ | | | |
| | City | State | Zip Code | |
| Vocational/ Business | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | Name | | | |
| | _____ | | | |
| | Address | | | |
| | _____ | | | |
| | City | State | Zip Code | |
| Health Care Training | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| | Name | | | |
| | _____ | | | |
| | Address | | | |
| | _____ | | | |
| | City | State | Zip Code | |

Do you have any other experience, training, qualifications, or skills that you believe that you can contribute as a Wild Iris volunteer? Yes No

If so, please explain:

Volunteer Application

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the volunteer position applied for..... Yes No

Name of license/certification: _____ Issuing state: _____

License/certification number: _____

Has your license/certification ever been revoked or suspended?..... Yes No

If yes, state reason(s), date of revocation or suspension, and date of reinstatement.

Employment History

List below all present and past employment starting with your most recent employer (last five years is sufficient). You must complete this section even if attaching a resume.

Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

Current employer?..... Yes No

May we contact this employer for a reference?..... Yes No

Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment: _____
From To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Volunteer Application

Employment History, continued

Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Name of Employer

Phone Number

Type of Business

Your Supervisor's Name

Address & Street

City

State

Zip Code

Dates of Employment:

From

To

Your Position and Duties

Reason for Leaving

May we contact this employer for a reference?..... Yes No

Volunteer Application

References

List below three persons not related to you who have knowledge of your work performance within the last three years.

| | | |
|------------------|-------------------------|-------------------|
| _____ | _____ | _____ |
| First Name | Last Name | Phone Number |
| _____ | _____ | _____ |
| Address & Street | City | State Zip Code |
| _____ | _____ | |
| Occupation | No. of Years Acquainted | |

| | | |
|------------------|-------------------------|-------------------|
| _____ | _____ | _____ |
| First Name | Last Name | Phone Number |
| _____ | _____ | _____ |
| Address & Street | City | State Zip Code |
| _____ | _____ | |
| Occupation | No. of Years Acquainted | |

| | | |
|------------------|-------------------------|-------------------|
| _____ | _____ | _____ |
| First Name | Last Name | Phone Number |
| _____ | _____ | _____ |
| Address & Street | City | State Zip Code |
| _____ | _____ | |
| Occupation | No. of Years Acquainted | |

Volunteer Application

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Wild Iris Family Counseling and Crisis Center to thoroughly investigate my references, work record, education and other matters related to my suitability for employment (excluding criminal background information) unless otherwise specified above. I further authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my volunteering, if selected, is intended to create a contract between me and the Company. In addition, I understand and agree that if I am selected, my position is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials

In compliance with federal law, all persons selected will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

The Company will consider qualified applicants, including those with criminal histories, in a manner consistent with state and local "Fair Chance" laws.

Date

Applicant's Signature

Volunteer Interest Survey

This form is designed to assist the Agency in selecting new volunteers to serve in various capacities at Wild Iris Family Counseling and Crisis Center. Please complete all sections.

Please Print

Have you completed Wild Iris Crisis Counselor Training?

Yes No

What type of counseling certificate did you obtain:

Domestic Violence

Date Certified: _____

Sexual Assault

Date Certified: _____

Wild Iris has two types of volunteers:

1. Direct Service Volunteers have completed our 80 hour Crisis Counselor Training. They are peer counselors and interact directly with clients.
2. Indirect Service Volunteers do not participate in peer counseling or direct client services. They are involved in activities that benefit our clients indirectly.

| Are you interested in... | Yes | No |
|---|-----|----|
| Direct Client Services (peer counseling)? | | |
| Indirect Client Services (non-client activities)? | | |
| Providing peer counseling for our Spanish speaking clients | | |
| Helping with office coverage? | | |
| Helping with fundraising activities and community awareness events? | | |
| Helping with crisis hotline coverage? | | |
| Assisting with translation for our clients? | | |
| Being a Youth Violence Prevention Program classroom presenter? | | |
| Helping prepare our Wild Iris newsletter in English? | | |
| Helping prepare our Wild Iris newsletter in Spanish? | | |
| Helping with fundraising activities and community awareness events? | | |
| Being an outreach volunteer for client support in Northern Mono County | | |
| Being an outreach volunteer for client support in Southern Inyo County? | | |
| Being an outreach volunteer for client support in Northern Inyo County? | | |
| Other interests not mentioned above. (You may use an additional sheet if necessary) | | |