

Name:



Volunteer Application

Please complete the attached adult volunteer application (for ages 18+) and either hand deliver, mail, or fax it to The Bresee Foundation's Volunteer Program at:

184 South Bimini Place, Los Angeles, CA 90004

Fax: (213) 385-8482

Please call 213-387-2822 ext. 111 or volunteer@bresee.org with any questions you may have.

Please keep this page for your reference.

Volunteer Enrollment Process

- Complete volunteer application, which requires contact information for three references.
- Attend an individual or group tour of our community center: an overview of Bresee's programs & services, review of volunteer opportunities.
- Be interviewed by Bresee staff.
- Your references are called.
- Get LiveScan fingerprinted for criminal history DOJ FBI
- Get TB (tuberculosis) skin test (must be within last 6 months). We will make a copy of results.
- You will be notified of final acceptance or rejection once criminal history clearance is received.
- If accepted, attend training/orientation specific to your volunteer position.
- Receive i.d. badge.
- Begin volunteering!



Volunteer Application

THE FOLLOWING INFORMATION WILL BE USED TO MATCH YOUR EXPERTISE, INTERESTS, AND SKILLS REQUESTED BY THE PROGRAM COORDINATORS.

STAFF USE ONLY		
DATE FINGERPRINTED	_____	
DATE INTERVIEWED	_____	
CRIMINAL CHECK CLEAR	: YES	NO
ACCEPTED:	YES	NO
REFERRED TO:	on	/ /

DATE OF APPLICATION: _____ Referred to Bresee by: _____

Personal Information

Name: _____ Sex: **(Please circle)** M F

Home Address or PO BOX: _____

City: _____ State: _____ Zip: _____

Home or Work #? _____ Mobile/Alternate # _____

Primary Email: _____ Date of Birth: _____

Which number would you prefer we call first, and what are the best times to reach you at home:

Employment Information

Employer/Company or Organization: _____

Job Title: _____ Length of Time with Current

Employer: _____

May we contact you at work? **(please circle one)** YES NO

Work Phone # _____ Fax # _____

Work Address, City, State, Zip:

Would you be interested in having a representative of Bresee do a presentation about our volunteer opportunities at your work place or organization? Please circle: YES NO
If yes, what company/organization? _____

Do you have any friends who may be interested in volunteering at Bresee?

If so, we would be happy to contact them, if you will list names & phone numbers below.

Name	Phone #

Volunteer Preferences

Please list the days of the week and hours you are available to volunteer in order or greatest preference:
(Various programs operate between 8 am & 9pm Mon.-Fri. and Sat. 9am-4pm-occasional Sun.)

1) _____ 2) _____ 3) _____

For how many months would you like to volunteer?

Specific Volunteer Position or Program of Interest: _____

Languages spoken other than English (Please indicate if you are fluent or conversational):

List any special skills you have that may enhance your work as a volunteer.

Describe any previous volunteer experience or community work.

How did you hear about and become interested in the Bresee volunteer program?

Other Information

Educational Background:

Highest Grade or Educational Level Completed:
 High School Grad College Grad Majors/Degrees: _____

Is there a specific age group you prefer to work with? If so, what age group and/or grade level do you prefer to work with?

Age Group: Children Youth Young Adults Adults Seniors

Grade Level _____ No Preference _____

Have you ever been convicted of a crime ? If yes, please explain the nature of the crime and the date of the conviction and disposition. (Conviction of a crime is not an automatic disqualification for volunteer work)

Would you be interested in having a representative of Bresee come do a presentation about our volunteer opportunities at your work place or civic organization? Please circle:

YES

NO

If yes, what company or organization? _____

Bresee Foundation VOLUNTEER POLICY

The volunteer application and interview is designed to establish a profile of volunteers and their interests. This profile will be used by Bresee to determine qualification for service. As part of the assessment process Bresee staff will elicit personal information from me. It is my responsibility to ensure that the program receives any necessary information that would aid in the assessment process. Non-compliance will result in withdrawal of consideration as a volunteer. I also understand that information contained on my application will be verified by Bresee Foundation. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Bresee Foundation or my termination as a volunteer.

My signature on this form does not obligate me to perform the volunteer services applied for, and the program is not obligated to assign, or actively seek to assign me to a volunteer position.

I acknowledge that this application becomes the property of P.F. Bresee Foundation. All of the information I provide is accurate and is subject to verification by Bresee. I understand that all the information I provide to Bresee will be kept confidential.

I acknowledge that in the event of the Bresee Foundation's Volunteer Program determination of my ineligibility, a reason for denial will not be provided or required.

I understand that I will not be allowed to meet with or to have any contact with Bresee clients, who are under the age of 18, off-site without the supervision of Bresee staff. I understand that exchange of any contact information (including email, phone number, and address) with Bresee clients who are minors is also prohibited.

I also understand and agree that any and all materials that I design or create for use at Bresee as a Bresee volunteer will be property of Bresee.

Applicant Signature

Date

Print Name
