

# VOLUNTEER APPLICATION ADULT DAY CARE PROGRAMS



## PERSONAL INFORMATION

Name \_\_\_\_\_ Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street apt. City State Zip

Telephone \_\_\_\_\_ Cell \_\_\_\_\_ E-mail \_\_\_\_\_

## GENERAL INFORMATION

Briefly, explain why you would like to volunteer with BACS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Educational Background: \_\_\_\_\_  
 \_\_\_\_\_

Special interests, skills, knowledge etc. \_\_\_\_\_  
 \_\_\_\_\_

Employment Experience \_\_\_\_\_  
 \_\_\_\_\_

Previous Volunteer Experience \_\_\_\_\_  
 \_\_\_\_\_

## AVAILABILITY/SITE PREFERENCE

Availability: When and how frequently would you like to volunteer?

	Daily	Weekly	Monthly	Other:		
	Monday	Tuesday	Wednesday	Thursday	Friday	
Morning						
Afternoon						

Preference: I would prefer to volunteer in the following program(s):

Adult Day Care-Fremont	40963 Grimmer Blvd. Fremont, CA 94538
Adult Day Care-Oakland	5714 Martin Luther King Way Oakland, CA 94609

**BACKGROUND INFORMATION**

**Yes**  **No** Have you ever been convicted of a felony, or a misdemeanor other than a traffic violation: If yes, list what, where and disposition of case. (A criminal record does not constitute an automatic bar to volunteer placement, but will be considered in terms of the volunteer work to be performed.) Some BACS Volunteer placements require criminal record screening.

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

**REFERENCE INFORMATION**

Please list three references, people who know you well but are not related, co-workers, employers, supervisors from previous employment or volunteer activities or friends:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Information \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Information \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact Information \_\_\_\_\_

**RELEASE STATEMENT**

I certify that all the statements I have made on this application are true and correct. I hereby authorize Bay Area Community Services to investigate the accuracy of the information. I am aware that fingerprinting and/or a background check may be required prior to placement in some positions. I authorize the references I've identified to furnish information requested and I agree to hold such persons harmless and hereby release them for any and all liability for damage of any nature whatsoever for furnishing such information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE FORWARD APPLICATION TO:**

<p><b>Adult Day Care-OAKLAND</b>  <b>5714 Martin Luther King Way</b>  <b>Oakland, CA 94609</b>  <b>Telephone: (510) 601-1074</b>  <b>FAX: (510) 601-1076</b></p>	<p><b>Adult Day Care-FREMONT</b>  <b>40963 Grimmer Blvd.</b>  <b>Fremont, CA 94539</b>  <b>Telephone: (510) 656-7742</b>  <b>FAX: (510) 252-6533</b></p>
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