

Today's Date :

VOLUNTEER APPLICATION

CONTACT INFORMATION

Name:

Street Address:

City:

State:

Zip:

Phone number:

Alternate Phone Number:

Email address:

Alternate email address:

Are you a student? Yes No

If so, is volunteer work required for school? Yes No

If yes, how many hours are required?

EMPLOYMENT HISTORY

Current Employer:

From:

To:

Location:

Previous Employer:

From:

To:

Location:

Previous Employer:

From:

To:

Location:

Previous Employer:

From:

To:

Location:

PREVIOUS VOLUNTEER EXPERIENCE

From: To:

Additional Previous Volunteer Service:

From: To:

Please enter the times you are typically available to volunteer on each of the days below:

MON	TUES	WED	THU
	FRI	SAT	SUN

How did you hear about IILA? Friend/Family/Colleague Social Media Another Organization
 Event Newspaper/Radio/TV Internet Search Other:

Why do you want to volunteer with us?

EDUCATIONAL HISTORY

High School: Yes No Name: City, State:

College: Yes No Name: City, State:

Graduate? Yes No

Other (please explain):

REFERENCES (Please provide at least one professional reference and two personal references.)

1. Name: _____ Years Known: _____
Relationship: _____ Phone Number(s): _____

2. Name: _____ Years Known: _____
Relationship: _____ Phone Number(s): _____

1. Name: _____ Years Known: _____
Relationship: _____ Phone Number(s): _____

Can you speak a language other than English? Yes No

If yes, which language(s) and how would you rate your fluency?

BEG INT ADV FLUENT

BEG INT ADV FLUENT

Have you ever been convicted of a felony? Yes No

If yes, please explain:

Notification and Agreement

(Please read before signing.)

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF VOLUNTEER OPPORTUNITIES, OR DISMISSAL FROM VOLUNTEER WORK REGARDLESS OF WHEN OR HOW DISCOVERED.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied by me on this volunteer application.

Print Name

Signature

Date

**INTERNATIONAL INSTITUTE
OF LOS ANGELES**

STATEMENT OF CONFIDENTIALITY

In order to effectively serve all of our clients, all volunteers and temporary employees working at the International Institute of Los Angeles shall maintain **STRICT CONFIDENTIALITY** with respect to all information about clients including, but not limited to: names, addresses, telephone numbers, records/communication and documents.

In addition, no volunteer shall use any agency asset, resources or any confidential and privileged or inside information with respect to the agency for the personal or financial gain of the volunteer or any other person or interest other than those of the Institute.

Breach of confidentiality is a violation of the law which can lead to civil and criminal liability. It is also a violation of ethical conduct which can cause decertification, and loss of license, as well as disciplinary action within the Institute, which may include termination.

I understand that as an volunteer of the International Institute of Los Angeles, I may have access to confidential and proprietary information. I agree that all confidential information is the sole property of the Institute, and I will maintain all confidential information in strict confidence and not disclose or use it without proper authorization.

NAME: _____

SIGNATURE: _____

DATE: _____

INTERNATIONAL INSTITUTE OF LOS ANGELES

EMERGENCY AND IDENTIFICATION INFORMATION

To be filled out by volunteer

I. Name (last name first): _____

Address: _____

City, Zip Code: _____

Phone (with area code): _____

II. List three persons who may be called in emergency

Name	Address	Day Time Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

III. Physician to be called in Emergency

Name _____ Telephone _____

Address _____

If physician cannot be reached, what action should be taken? _____

IV. Medical Insurance _____ Insurance Number _____

V. Allergies or other medical limitations _____

Signature

Date

International Institute of Los Angeles

(This page is to be detached and included in the employee's personnel file.)

In the event of an earthquake, telephone lines in California will likely be jammed. Arrange an out-of-state or out-of-country contact for you family. Long distance phone service will probably be restored sooner than local service.

Out-of-State Contact:

Name: _____

Phone Number: _____

I have received and read the International Institute of Los Angeles Safety Procedures.

Volunteer's Signature

Date

Volunteer's Name (Please Print)