

Porterville Adult Day Services
227 E. Oak Ave.
Porterville, CA 93257
559-783-9815
Application for Volunteering

Name: _____ Date/Time _____

Address: _____
(Street Number and Name) (City) (Zip)

Phone Number Day: _____ Phone Number Night: _____

Current Employer: _____ Phone Number: _____

Contact Person: _____ Work Experience: _____

Do you have your own transportation? Drivers License # _____

Auto Liability Insurance Carrier and Policy Limits: _____

Specify hours and days available to volunteer: _____

Do you want to work with the elderly?

Please explain any experience in other types of volunteer work:

Please explain any experience or qualifications you feel you possess that would qualify you to work with the elderly?

Have you ever been charged, convicted of, or pled guilty to a crime (misdemeanor or felony) including (but not limited to) drug-related charges, child/ elder abuse, other crimes of violence, theft, or motor vehicle violations? If yes, please explain fully:

List two personal references (not related to you):

Name:	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Day Phone	<input type="text"/>	Night Phone	<input type="text"/>
Night Phone	<input type="text"/>	Day Phone	<input type="text"/>

Volunteer training session will be mandatory. Motor Vehicle Report will be required if the position requires driving a vehicle. Background checks will be reviewed.

Signature of Applicant: _____