



**JEFFERSON UNION HIGH SCHOOL DISTRICT
VOLUNTEER APPLICATION
at the Daly City Youth Health Center**

Today's Date _____

NAME	
ADDRESS	
PHONE	EMAIL

Best way to contact? Phone Email Please check if you are **under** 18 years of age

EDUCATION

High School Student, ___th grade College Student, Major _____ Not currently in school
School _____

EMPLOYMENT

Full-time Part-time Retired Not currently employed

Select all area(s) of interest:

Clerical Support Community Relations Development
 Mentorship (18+ only) Youth Advisory Council (12-24 y.o.) Other: _____

We do not have volunteer opportunities to work in the medical clinic.

Have you ever been a client of the health center before? Yes No
How did you hear about the health center?

Why are you interested in volunteering with DCYHC?

List previous volunteer experience in chronological order. Attach additional paper if necessary.
(Include: organization, start and end date, position held, contact person with phone number)

Please select all **skills** you would like to use as a volunteer:

Craft skills and tools Photography Video editing Data entry/word processing
 Graphic design Public speaking Writing/Editing Phone contact/calling
 Bilingual (language) _____ Other _____

LENGTH OF COMMITMENT

On call as needed for special projects
 _____ hours per week for _____ months
 Community services hours – total hours needed: _____

Please list days and times of **availability** (Please note DCYHC Hours are 9:00am - 5:00pm)

Monday	Tuesday	Wednesday	Thursday	Friday

List three non-relative references who can attest to your good character.

NAME	PHONE	EMAIL	RELATIONSHIP TO APPLICANT

Have you ever been convicted in a Civil/Criminal Court Action? (Exclude traffic violations resulting in fines less than \$75). Yes No

If yes, give date, place, nature and disposition of each offense. Attach additional paper if necessary. If in doubt, please state details.

Are charges currently pending for any matter related to you? Yes No

If yes, please explain:

Are you currently serving probation for any criminal offense or agreed to serve in a diversion program since the age of 18? Yes No

If yes, please explain:

DRIVER'S LICENSE: Yes No STATE: _____

I hereby certify under penalty of perjury that all statements made in this application are true and complete and understand that my misstatements of material facts may be subject to disqualification or dismissal.

SIGNATURE: _____ **DATE:** _____

Submit applications by fax to: (650) 985-7019
by email to: cchristenson@dalcityyouth.org
by mail to: Attn: C. Christenson - Volunteer Application
Daly City Youth Health Center
2780 Junipero Serra Blvd. Daly City, CA 94015

 TO APPLICANT: The information in this section is voluntary. It is requested under the conditions of Section 1233 of the California Government Code which permits the collection of ethnic background data. This data is to be used solely for implementing and improving our Affirmative Action Program and will have no bearing on your application.

AMERICAN INDIAN: _____ ASIAN: _____ BLACK: _____ WHITE: _____
 PACIFIC ISLANDER: _____ FILIPINO: _____ HISPANIC: _____ OTHER: _____

DIRECTOR/SENIOR PROGRAMS MANAGER'S CERTIFICATION & RECOMMENDATION:
 To the best of my knowledge the applicant is qualified to volunteer with high school age students and I recommend him/her for volunteer service.

SIGNATURE: _____ **DATE:** _____