

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

Name: _____ Date: _____

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

Phone Numbers: Day: _____ Evening: _____

Current Employer: _____ Phone: _____

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 or qualifications you feel you possess that would qualify you to work with the elderly?

Please explain any experience in other types of volunteer work: _____

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		Name	
Address		Address	
Day Phone		Day Phone	
Night Phone		Night Phone	

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: _____