Volunteer Application

It is the policy of SOAR for Youth to provide equal employment opportunities to all applicants and employees without regard to race, color, national origin, religion, sex, gender identity, disability, age, medical condition, ancestry, marital status, sexual orientation, citizenship, or status as aVietnam-era veteran or special disabled veteran.

1.	Applicant Information			
	Applicant Name First Middle Last			
	AddressCity/State/ZIP			
	Daytime phone			
2.	Volunteer position applied for:CounselorLead CounselorOvernight Academy CounselorAcademic AdvocateTutor			
	In-Kind rate: \$ per			
3.	Are you at least 18 years old?YesNo			
4.	Are you willing to work any shift, day, evening, night and weekends?YesNo			
	If no, what hours are you willing to work?			
5.	If applicable, are you available to work overtime?YesNo			
6.	If you are offered a volunteer position, when would you be available to begin work?			
7.	Are you able to perform the essential functions of the volunteer position with reasonable accommodation? YesNo			
	If yes, what reasonable accommodation, if any, would you require?			
8.	Are you certified in CPR, AED and First-Aid?YesNo			
	If yes, when will the certification expire?			
9.	Have you worked with at-risk youth previously?YesNo			
	If yes, categoryfor how long?			
10.	Some positions may require the use of a personal vehicle. Do you have a valid California Driver's			
	License?YesNo			

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Independent Contractor Application

11.	Applicant Employment History
	List your current or most recent employment first.
	Employer Name:
	Supervisor Name:
	Address:
	City/State/ZIP:
	Job Duties:
	Reason for Leaving:
	Dates of Employment (Month/Year):
	Employer Name:
	Supervisor Name:
	Address:
	City/State/ZIP:
	Job Duties:
	Reason for Leaving:
	Dates of Employment (Month/Year):
12.	Applicant's Education and Training
	College/University Name and Address
	Did you receive a degree?YesNo
	If yes, degree received (what, when):
	High School/CED Name and Address
	Did you receive a degree?YesNo
	If yes, degree received:

Employment Application

References			
List three people (one needs to be your direct supervisor) who would be willing to provide a			
reference for you.			
Name:			
Address:	City/Sate/Zip:		
Relationship:	Telephone:		
Name:			
	City/Sate/Zip:		
Relationship:	Telephone:		
Name:			
	City/Sate/Zip:		
Relationship:	Telephone:		
•	ation that you believe should be considered:		
iding false or misleading informat nteering commences, immediate mationprovided on this application	on this application is truthful and accurate. I understand that ion will be the basis for rejection of my application, or if termination. I authorize SOAR for Youth to verify the n. I authorize my former employers, educational organization nees to fully and freely communicate information regarding methics.		
licant Signature	Date		