

# UCLA Volunteer Application

## I. Applicant Contact Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Name Apt # City State Zip Code

Telephone: (\_\_\_\_) \_\_\_\_\_ - (\_\_\_\_) \_\_\_\_\_ - (\_\_\_\_) \_\_\_\_\_  
HOME CELLULAR WORK

Are you 18 or older?  NO  YES If NO, please indicate Date of Birth: 

____	____	____
<small>Month</small>	<small>Day</small>	<small>Year</small>

How did you hear about volunteering at UCLA?: \_\_\_\_\_

## II. Employment

Are you currently employed by UCLA or UC?  NO  YES

Have you worked for UCLA or UC in the past?  NO  YES

If yes, indicate duration of employment: \_\_\_\_\_ to: \_\_\_\_\_ Location/Dept: \_\_\_\_\_  
Begin Date End Date

Reason for leaving UC/UCLA?: \_\_\_\_\_

Name of Current Employer, if applicable: \_\_\_\_\_

## III. Education

Highest Degree Attained: \_\_\_\_\_

Major: \_\_\_\_\_

Institution: \_\_\_\_\_

Are you currently attending school?  NO  YES If yes, name of school: \_\_\_\_\_

## IV. Availability

During which hours are you available for volunteer assignments?

	MON	TUES	WED	THURS	FRI	SAT	SUN
MORNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AFTERNOON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EVENING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## V. Interests

Tell us the areas in which you are interested in volunteering:

## VI. Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

**Certifications and Expiration Dates** (e.g. CPR, First Aid):

**Languages:**

## VII. Previous Volunteer Experience

Summarize your previous volunteer experience:

Are you currently a UCLA Volunteer?  NO  YES

Have you volunteered for UCLA in the past?  NO  YES

If yes, indicate duration of assignment: \_\_\_\_\_ to: \_\_\_\_\_ Location/Dept: \_\_\_\_\_  
Begin Date End Date

Reason for leaving UC/UCLA: \_\_\_\_\_

## VIII. Criminal Background

Have you ever been convicted of a felony or a misdemeanor? You may exclude:

- a. Traffic violations for which the fine imposed was \$300.00 or less;
- b. Any conviction specified in the Health & Safety code section 11361.5 which pertains to various marijuana offenses;
- c. Any conviction that has been sealed, expunged or legally eradicated;
- d. Any offense which has finally settled in juvenile court or referred to the youth authority;
- e. Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged AND the case has been judicially dismissed pursuant to Penal Code section 123.4. To qualify for omission under Penal Code section 1203.4, an individual must have taken an affirmative action to file a petition with a court to have the conviction set aside and been successful in that action.

NO

YES

If YES, please explain:

## IX. Person to Notify in Case of Emergency

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_ ' \_\_\_\_\_  
Street Name Apt # City State Zip Code

Telephone: (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_ (\_\_\_\_\_) - \_\_\_\_\_  
HOME CELLULAR WORK

Email: \_\_\_\_\_

## X. Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I authorize UCLA to verify any information relevant to my suitability as a volunteer. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from any volunteer assignment.

Volunteer Participant Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parental Consent (required of youth volunteers, ages 15-18):

Parent/Guardian Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **XI. State Privacy Notice**

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves:

- The principal purpose for requesting the information on this form is to evaluate qualifications of prospective volunteers. University policy authorizes the maintenance of this information.
- Furnishing the information is mandatory.