



Volunteer Application
Valley Achievement Center

5500 Ming Avenue, Suite 375
Bakersfield, CA. 93309
Telephone: 661-617-6440 Fax: 661-617-6437
Web Page: www.autism-vac.org

The information on this form will help us assess your qualifications to serve. Please read the questions carefully and complete all sections of the application as thoroughly as possible. **Application Date:** _____

PERSONAL INFORMATION

Name _____
Address _____ Home Phone _____
City/State/Zip _____ Cell Phone _____
e-mail address _____
Maiden/Prior Name/AKA _____
Local Emergency Contact _____ Relationship _____
Address _____ Phone _____

EMPLOYMENT INFORMATION

Current Employment Status (Circle One) Employed Unemployed Retired
Name of current employer or previous employer if retired or unemployed _____
Address _____ Work Phone _____
Supervisor _____ Work e-mail _____
May we call and/or e-mail you at work? Yes No
Title and brief description of work _____

Describe any personal or employment constraints that may restrict your availability _____

How long have you been your current employer? _____

If employed at current job less than six months, who was your former employer? _____
Address of former employer _____ How long were you there? _____

EDUCATIONAL DATA

High School _____ (Circle last grade completed) 9 10 11 12

College, Graduate, Post Graduate (Circle last grade completed) 13 14 15 16 17 18 19 20 21

Area of study _____ Degree _____

Are you presently attending school? Yes No If yes, Where? _____ Area of Study _____

Do you have any special skills or licenses? Yes No If yes, please explain/ describe _____

How did you become aware of the VAC program? _____

ACTIVITIES AND INTERESTS

List community service organizations or clubs to which you belong: _____

List hobbies and special interest: _____

Previous and/or current volunteer activities: _____

Are you a licensed driver? Yes No Do you have a car available? Yes No

BACKGROUND INFORMATION

1. Have you been convicted of any crime in the past five years (excluding vehicle code infractions, but including vehicular misdemeanors or felonies)? Yes No

2. Have you had a personal experience involving (check all that apply)

___ Child Welfare ___ Foster Care ___ Juvenile Courts ___ Other agencies offering service to a child?

If you answered yes to any of the above questions, please explain. _____

Write a brief statement explaining why you have chosen to work in the child advocacy program at this particular time in your life? _____

Would you like to volunteer on a regular basis in the VAC office or help with special events? _____

What skills do you possess that could be useful in the office? _____

REFERENCES

Please list four personal references. One must be an employer or co-worker if employed. Teachers, ministers, volunteer supervisors or similar may be used in place of employer if employed. If you are currently seeing a therapist, please include him or her in the box provided. Please do not list relatives. All references will be mailed a questionnaire to complete. Application approval is pending receipt of at least three returned references.

1. Name _____ Relationship _____
Address _____ Phone _____
City/State/Zip _____
2. Name _____ Relationship _____
Address _____ Phone _____
City/State/Zip _____
3. Name _____ Relationship _____
Address _____ Phone _____
City/State/Zip _____
4. Name _____ Relationship _____
Address _____ Phone _____
City/State/Zip _____

**To: VALLEY ACHIEVEMENT CENTER
5500 MING AVE. SUITE 375
BAKERSFIELD, CA. 93309**

Upon receipt of you application you will be contacted for a personal interview.

I certify that the above information is true and correct to the best of my knowledge and belief. I understand and agree that any false statement or omission of material fact will cause my immediate and unconditional dismissal from the Valley Achievement Center Program.

Signature

Date