



**VOLUNTEER / INTERN APPLICATION**

Updated 8/23/21 - BCM

**Thank you for your interest in volunteering with OC United!**

*Volunteers play a vital role in our programs. All volunteer applications are reviewed with consideration of our currently available volunteer opportunities. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.*

**I. CONTACT INFO**

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

**Phone:** \_\_\_\_\_

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

**Can we add you to our OC United Emailing List?**      **Yes** \_\_\_ **No** \_\_\_

**Birthdate:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**II. EDUCATION & EMPLOYMENT**

**Highest Education Level Completed:** \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

**Occupation / Job Title:** \_\_\_\_\_

**Do you speak English??**    **YES**\_\_\_ **NO** \_\_\_

**Do you speak Spanish?**    **YES**\_\_\_ **NO** \_\_\_

**Other languages?** \_\_\_\_\_

**Are you CPR / First Aid Certified?**    **YES**\_\_\_ **NO** \_\_\_ **I DON'T KNOW** \_\_\_

**III. EMERGENCY CONTACT INFORMATION**

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

**Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**IV. VOLUNTEER QUESTIONS**

**How did you find out about OC United?**

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**Why are you interested in volunteering with OC United? *What do you hope to gain?***

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**Have you had any previous experience as a volunteer? *With which organizations, and what kind of work did you do?***

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**Which volunteer skills do you possess that would be helpful in connecting you to a relevant volunteer role?**

- |  |                                      |   |   |
|--|--------------------------------------|---|---|
| <input type="checkbox"/> Basic Office Skills | <input type="checkbox"/> Childcare   | <input type="checkbox"/> Cleaning       | <input type="checkbox"/> Computer Usage |
| <input type="checkbox"/> Construction        | <input type="checkbox"/> Cooking     | <input type="checkbox"/> CPR            | <input type="checkbox"/> Crafting       |
| <input type="checkbox"/> Crisis Management   | <input type="checkbox"/> Data Entry  | <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> First Aid           | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Landscaping    | <input type="checkbox"/> Manual Labor   |
| <input type="checkbox"/> Marketing           | <input type="checkbox"/> Mentorship  | <input type="checkbox"/> Painting       | <input type="checkbox"/> Photography    |
| <input type="checkbox"/> Teaching            | <input type="checkbox"/> Tutoring    | <input type="checkbox"/> Videography    | <input type="checkbox"/> Woodworking    |

**Which additional skills or qualities do you possess that might be useful in volunteering?**

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**Are you pursuing an internship with us?** *If "yes", please select the appropriate program(s) below.*

YES \_\_\_ NO \_\_\_

**Are you interested in a particular volunteer opportunity?**

- Domestic Abuse Support       Homelessness       Jobs for Life  
 Neighborhoods       RAF Program       THRIVE Program  
 United Kids       CBI / Voces Unidas       General  
 I don't know!       Other (Explain below):

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**What do you know about the volunteer opportunity(ies) that you have selected?**

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**V. AVAILABILITY** *(Please place an "X" in the box(es) that you are available)*

	NOT AVAILABLE	MORNINGS	AFTERNOONS	EVENINGS	OTHER
SUNDAY					
MONDAY					
TUESDAY					
WEDNESDAY					
THURSDAY					
FRIDAY					
SATURDAY					

**Availability Notes:**

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**VI. REFERENCES**

*Volunteers are required to have at LEAST 2 references who are not current staff or volunteers for OC United. Thank you!*

**First & Last Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**First & Last Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**First & Last Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Relationship to you:** \_\_\_\_\_

**VII. OTHER DETAILS**

**Have you ever been convicted of a felony and / or served time in prison?** Yes \_\_\_ No \_\_\_

**Would you be willing to have a background check completed?** Yes \_\_\_ No \_\_\_

*A security check is required for all volunteers with OC United. This involves a check of police records.*

**Is there any additional information that OC United should know about you?** Yes \_\_\_ No \_\_\_

*If yes, please enter in the notes below:*

\_\_\_\_\_  
\_\_\_\_\_





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**OC United Staff use only:**

Received on: \_\_\_\_\_ Staff Initials: \_\_\_\_\_ Initiative: \_\_\_\_\_

Notes: \_\_\_\_\_

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