



# VOLUNTEER APPLICATION

987 8th St., Arcata, CA 95521  
(707) 825-8345 volunteer@hcbhp.org

*Our volunteers have many roles. They offer support to clients, help with office tasks, reach out to the community at health fairs, fundraise through special events such as the annual raffle, and much more!*

**Please complete this application so we can try to find the perfect role for you!**

## CONTACT INFORMATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_ Best contact during working hours? Home Phone Cell Phone E-mail

Would you like to receive our monthly BGHP Volunteer eNews?  Yes  No

## PERSONAL INFORMATION

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Ethnicity: African American Asian American Caucasian Latina/o  
Pacific Islander American Indian Other \_\_\_\_\_

Are you a cancer survivor? Yes No Have you ever used our services? Yes No

Have you been a support person for someone with cancer? Yes No

## VOLUNTEER EXPERIENCE

Interests, Skills, Hobbies \_\_\_\_\_

Clubs, Organizations you belong to \_\_\_\_\_

Have you ever volunteered before? Yes No Position(s) \_\_\_\_\_

Describe your volunteer experience: \_\_\_\_\_

Agency or Organization(s) \_\_\_\_\_

How did you learn about volunteering with the BGHP? \_\_\_\_\_

What draws you to volunteer with us? \_\_\_\_\_

What do you hope to gain by volunteering with us? \_\_\_\_\_

**EMPLOYMENT HISTORY**

Name of current employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Date employment began \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_  
May we contact employer? Yes No Description of duties \_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_  
2) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone (\_\_\_\_) \_\_\_\_\_

**AVAILABILITY**

My schedule is somewhat flexible  My schedule is limited to:  
**ONLY**  Mornings  Afternoons  Evenings/Weekends; **ONLY** these days \_\_\_\_\_  
Length of commitment sought: \_\_\_\_\_  
What physical accomodations (if any) should be taken to make volunteering accessible to you? \_\_\_\_\_  
\_\_\_\_\_

**DRIVING INFORMATION**

**If you are volunteering for a position that requires driving**, BGHP requires a valid driver’s license and proof of automobile insurance.

Are you able to use your automobile if the volunteer position requires one? Yes No

As a volunteer, I agree to provide a valid driver’s license number and proof of automobile insurance. I agree to mail or deliver copies of these documents to BGHP, so that they can be filed with this application. I will immediately notify my volunteer supervisor if my driver’s license is restricted, suspended, revoked, or expired.

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Driver’s License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you?  Yes  No If yes, please explain below and on additional paper if necessary.  
(Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities.)  
\_\_\_\_\_  
\_\_\_\_\_

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration, or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to BGHP to conduct driver license and motor vehicle record checks as needed to determine my suitability for placement. I hereby release all parties from any liability for furnishing this information. I understand that this application does not guarantee placement in a volunteer position with the BGHP. I understand that my placement as a volunteer is contingent upon the availability of a position that corresponds with my qualifications.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_