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Westminster, CA 92683
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For Office Only
Date Received: _____
Approved: _____
Placement: _____
Beginning Date: _____
Background Check Completed: _____
TB Test (if Req'd): _____

Adult Volunteer Service Application

Contact Information: (required)

Title: Mrs. Mr. Ms.

First Name: _____ Last Name: _____ Middle Name: _____

Other Legal Names Used: _____

Current Address: _____

City: _____ State: _____ Zip: _____ Home Phone:(_____) _____

Work Phone:(_____) _____ Cell Phone:(_____) _____ E-mail: _____

Date of Birth: (month/day/year) _____

Demographics: (optional) Please check the appropriate answer.

Gender: Male Female Decline to state

Ethnicity: African American Caucasian Vietnamese Hispanic/Latino Indian Middle Eastern
 Pacific Islander Other: _____

Education: (optional)

Level of Education completed: Some HS High School Some College College Graduate School

School Name &

Major/Focus: _____

Are you currently enrolled in school? Yes No Status: Full-time Part-time

Emergency Contact: (required)

Name: _____ Relationship: _____

Home #:(_____) _____ Cell

#:(_____) _____ Work#:(_____) _____

Interests and Hobbies: (optional)

Volunteer Experience: (optional) Please describe including dates, location, organization(s), and tasks

- Date: _____ Location: _____ Organization: _____
Task: _____
- Date: _____ Location: _____ Organization: _____
Task: _____
- Date: _____ Location: _____ Organization: _____
Task: _____

Availability: (required) Please mark your availability below. (Please include specific times in the table)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday Closed
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Limitations: (required)

Do you have any physical limitations that might/will prevent you from completing or doing your work?

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, please explain: _____

Are you volunteering to gain hours for probation or court ordered reasons? Yes No

If yes, please explain: _____

If you are interested in providing a service not listed above we would love to hear about it! Please briefly describe your idea.



Volunteer Release

By signing the statement below, you certify that the information you have supplied us is true and correct to the best of your knowledge.

In the consideration of my application for a volunteer position with Abrazar, Inc.: (1) I hereby consent to being fingerprinted by a designated representative of a law-enforcement agency for the purpose of Abrazar, Inc. obtaining information needed to determine my suitability for a volunteer position; (2) I hereby release (a) Abrazar, Inc., (b) any and all state and/or federal law-enforcement agencies that are involved in obtaining my fingerprints, and/or investigating my criminal record, and/or communicating results on the investigation to Abrazar, Inc., and (c) the representatives, employees, and agents of the aforementioned entities of any and all claims, actions, liabilities whatsoever arising from my being fingerprinted, investigated, and the results of the investigation being communicated to Abrazar, Inc.

Further, I agree to maintain the confidentiality of Abrazar, Inc.'s information including its clients. I agree that this relationship is strictly voluntary and my relationship with Abrazar, Inc. can be ended by myself or Abrazar, Inc. with or without cause or notice, at any time.

I, in consideration of my participation as a volunteer with Abrazar, Inc., hereby release Abrazar, Inc., its employees and affiliates, and any other people officially connected with Abrazar, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating in this event. Specifically, I release said persons from any liability or responsibility for my physical condition, my mental health, for the condition or selection of my work as a volunteer and for the presence or actions of any other participants. I am aware of the risks of participation, which include, but are not limited to, the possibility of sprained muscles and fatigue. I hereby state that I am in sufficient physical condition to accept the level of physical activity agreed upon as a volunteer per job position I have accepted. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that Abrazar, Inc. does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

Name (Please Print): _____

Signature: _____

Date: _____