



2500 E. Foothill Blvd.  
Suite 300  
Pasadena, CA 91107  
(626) 993-3000

## VOLUNTEER APPLICATION

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

Home  
Address: \_\_\_\_\_  
(STREET/APT. NO.) (CITY) (STATE) (ZIP CODE)

Telephone  
Number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call you \_\_\_\_\_

Highest  
Grade Completed: \_\_\_\_\_ Major: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

### **Current Employment** (If you are not currently employed, please write "not currently employed")

Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(STREET/APT. NO.) (CITY) (STATE) (ZIP CODE)

Telephone  
Number: (\_\_\_\_\_) \_\_\_\_\_ May we contact you at work? YES NO

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

### **Check days and specific time of day you are available to volunteer:**

Monday From \_\_\_\_\_ TO \_\_\_\_\_ Thursday From \_\_\_\_\_ TO \_\_\_\_\_

Tuesday From \_\_\_\_\_ TO \_\_\_\_\_ Friday From \_\_\_\_\_ TO \_\_\_\_\_

Wednesday From \_\_\_\_\_ TO \_\_\_\_\_ Saturday From \_\_\_\_\_ TO \_\_\_\_\_

**1) How did you hear about Foothill Family Service?**

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**2) Please write a brief statement describing your motivation to become a volunteer. What do you expect to gain from this experience?**

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**3) Please describe previous volunteer experience.**

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**4) In what areas do you feel most skilled to volunteer (i.e. administrative support, direct client involvement, tutoring, fund raising activities, etc.)?**

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## **Confidentiality Policy**

All information concerning clients, former clients, our staff, volunteers, and financial data, and business records of Foothill Family Service is confidential. “Confidential” means that you are free to talk about Foothill Family Service and about your program and your position, but you are not permitted to disclose clients’ names or talk about them in ways that will make their identity known. No information may be released without appropriate authorization. This is a basic component of client care and business ethics.

The board of directors, staff and our clients rely on paid and volunteer staff to conform to this rule of confidentiality. Foothill family Service expects you to respect the privacy of clients and to maintain their personal and financial information as confidential. All records dealing with specific clients must be treated as confidential. Volunteers are responsible for maintaining the confidentiality of information relating to other staff members and volunteers, in addition to clients. Failure to maintain confidentiality may result in the end of your volunteer assignment or other corrective action.

This policy is intended to protect you as well as Foothill Family Service because in extreme cases, violations of this policy also may result in personal liability.

### **Certification**

I have read Foothill Family Service’s policy on confidentiality. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my volunteer service with Foothill Family Service in addition to any applicable Health Information Portability Accountability Act (HIPAA) sanctions for which I may be personally liable.

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PRINT NAME

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SIGNATURE

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DATE

I attest that all of the information provided by me in this application is, to the best of my knowledge, true and accurate, and I do fully understand all the questions and statements contained herein.

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PRINT NAME

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SIGNATURE

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DATE

*Thank you for your interest in Foothill Family Service*  
**Foothill Family Service**  
*Emergency Contacts*

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<b>Name</b>	<b>Date</b>
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**PLEASE LIST TWO PEOPLE TO NOTIFY IN CASE OF AN EMERGENCY.** (Include both day and evening telephone numbers):

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Name	Relationship
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Address	City, State & Zip
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<b>Daytime Phone No.</b>	<b>Evening Phone No.</b>
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Name	Relationship
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Address	City, State & Zip
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<b>Daytime Phone No.</b>	<b>Evening Phone No.</b>
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