



VeAhavta
A Nonprofit Corporation
1190 Marsh Street, Suite B
San Luis Obispo, California 93401
Phone/Fax: (805) 542-9357
www.you-shall-love.org

VeAhavta Volunteer Application

Please complete all questions on this application. If any question does not apply, then please write "N/A" in the space provided. Please type or write legibly in ink, date and sign the application on the last page and return it to VeAhavta. Please note that if you are interested in working with children, the elderly or with developmentally disabled persons, you must also complete the last page of this application entitled, "Disclosure Statement and Authorization for Background Investigation."

Full Name: _____
Last First Middle

Residence Address: _____
Street Apt./Unit

City State Zip Code

Daytime Telephone: _____ Evening Telephone: _____

Mobile Telephone: _____ Email: _____

Date of birth: _____ Occupation: _____

Name, address and telephone number of current employer: _____

If you are a healthcare provider, please indicate your specialty or area of practice:

- | | |
|--|--|
| <input type="checkbox"/> Internal medicine | <input type="checkbox"/> Ophthalmology/Optometry |
| <input type="checkbox"/> General surgery | <input type="checkbox"/> Dentistry |
| <input type="checkbox"/> Nursing | <input type="checkbox"/> Physiotherapy |
| <input type="checkbox"/> Laboratory technician | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Emergency medicine | <input type="checkbox"/> Radiology |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Other (describe): _____ | |

In case of an emergency while volunteering, please list someone we may call on your behalf.

Name: _____ Relationship: _____

Daytime Telephone: _____ Evening Telephone: _____

Why do you wish to volunteer for VeAhavta? _____

How did you hear of this volunteer opportunity? _____

Have you previously submitted a volunteer application to VeAhavta? Yes No

If yes, please indicate date and position applied for: _____

Have you ever volunteered for any other organizations? Yes No

If yes, please indicate organizations, dates of volunteer service and positions held: _____

Please list three references (not related to you) who have known you for five years or more.

1. Name: _____ Telephone: _____

Address: _____

2. Name: _____ Telephone: _____

Address: _____

3. Name: _____ Telephone: _____

Address: _____

Please describe your educational background, including any degrees or diplomas awarded and the name(s)
of institutions attended: _____

Please describe any relevant experience you have: _____

Are you able to speak or write any languages other than English? Yes No

If yes, please describe: _____

What types of volunteer opportunities are you most interested in? (please check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> General office assistance | <input type="checkbox"/> Computer Applications | <input type="checkbox"/> Bookkeeping or accounting |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Typing | <input type="checkbox"/> Graphic design |
| <input type="checkbox"/> Website design | <input type="checkbox"/> Volunteer relations | <input type="checkbox"/> Translation/languages |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Social work | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Legal | <input type="checkbox"/> Carpentry/construction | <input type="checkbox"/> Working with children |
| <input type="checkbox"/> Working with the elderly | <input type="checkbox"/> Photography | <input type="checkbox"/> Videography |
| <input type="checkbox"/> Public relations | <input type="checkbox"/> Interfaith issues | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Painting/drawing | <input type="checkbox"/> Carpentry | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Sewing | <input type="checkbox"/> Crafts | <input type="checkbox"/> Fine arts |
| <input type="checkbox"/> English instruction | <input type="checkbox"/> Math instruction | <input type="checkbox"/> Computer instruction |
| <input type="checkbox"/> Other (please describe): _____ | | |

Please note that if you are interested in working with children, the elderly or with developmentally disabled persons, you must also complete the last page of this application entitled, "Disclosure Statement and Authorization for Background Investigation."

Please indicate when you are available to start volunteering for VeAhavta: _____

Please indicate your approximate days and hours of availability.

Days: MON TUE WED THU FRI SAT SUN

Hour/day _____

If your schedule is flexible, please indicate the total number of hours you would be available to volunteer:

Number of hours per week: _____ **OR** Number of hours per week: _____

Are you interested in working at our facility in Sri Lanka? Yes No

If yes, during what dates: _____

Please describe the work you be interested in doing at our facility in Sri Lanka: _____

Please use this space to tell us anything else you feel we should know, or might be helpful to know, about you: _____

Please date, print your name and sign your name below, and understand that by doing so you are:

- Certifying that all statements made in this application are true;
- Authorizing VeAhavta or its designee to investigate all matters contained in this application;
- Acknowledging that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement;
- Acknowledging that a background investigation and/or fingerprinting may be required before placement in some positions, but that otherwise all personal information provided in this application will be kept confidential; and,
- Acknowledging that I have read VeAhavta’s “Policy on Religion” and agree to abide by it.

DATED: _____

Sign Here: _____

Print Name Here: _____

Please submit your completed application, via mail, fax or email, to:

VeAhavta
A Nonprofit Corporation
 1190 Marsh Street, Suite B
 San Luis Obispo, California 93401

Attention: Volunteer Coordinator

Facsimile: (805) 542-9357

Email: VolunteerCoordinator@you-shall-love.org

For Office Use Only

Date received: _____ Application complete: Yes No

References checked by _____ on _____ Approve Deny



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Disclosure Statement and Authorization for Background Investigation

Please complete this form in its entirety. If any question does not apply, then please write "N/A" in the space provided. If you print the information rather than typing it, make sure that you print clearly and legibly. Attach additional pages as necessary. Finally, please date and sign the form and then return it to VeAhavta.

Full Name: _____
Last First Middle

List any other names you are known by or have used in the past: _____

Current Residence Address: _____
Street Apt./Unit
City State Zip Code

List All Residence Addresses for the Past Five (5) Years (attach separate sheet if necessary):

Street Apt./Unit
City State Zip Code

Street Apt./Unit
City State Zip Code

Street Apt./Unit
City State Zip Code

Daytime Telephone: _____ Evening Telephone: _____

Mobile Telephone: _____ Email: _____

Date of Birth: _____ Place of Birth: _____

Social Security No. _____ Drivers' License No. _____

State that Issued Drivers' License: _____

Height _____ Weight _____ Eye color _____ Hair color _____

Have you ever been convicted of a felony or a misdemeanor as an adult? Yes No
(Please note that a "yes" answer is not an automatic bar to placement, but that an untrue statement will disqualify you.)

If yes, please describe all convictions, including nature of offense, date of conviction, name and location of court where convicted, that occurred after your 18th birthday (attach a separate sheet if necessary): _____

I hereby certify that all statements made in this Disclosure Statement and Authorization for Background Investigation are true and I authorize VeAhavta and/or its designee to investigate all matters contained in this application. I acknowledge that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that a background investigation and fingerprinting may be required before placement in some positions, but that otherwise all personal information provided in this application will be kept confidential.

DATED: _____

Sign Here: _____

Print Name Here: _____

Please submit your completed application, via mail, fax or email, to:

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Attention: Volunteer Coordinator

Facsimile: (805) 542-9357
Email: VolunteerCoordinator@you-shall-love.org