



2501 S. Pullman Street, Suite 100 / Santa Ana, CA 92705 / (714) 241-8920

Website: www.ochsinc.org / Contact: Raquel L Puyó / Ext.10287 / email: raquel.puyo@ochsinc.org

Volunteer Application

REQUIREMENTS: You must be 18 years of age or older; All classroom volunteers are subject to or must provide: TB test or X-Ray, Good Health Statement, Copy of ID, completed Emergency Contact Information.

Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Contact Phone Number(s): _____

Emergency Contact: _____

Prior Volunteer Experience: _____

What languages do you speak fluently? _____

Company / School: _____

What are your interests (check all that apply) ?

- | | | |
|--|---|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Nutrition | <input type="checkbox"/> Quality Systems |
| <input type="checkbox"/> Disabilities | <input type="checkbox"/> Health | <input type="checkbox"/> Safe Environments |
| <input type="checkbox"/> Governance | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Working in the Classroom |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Reception Desk | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Facilities | <input type="checkbox"/> Enrollment | <input type="checkbox"/> Purchasing |

What would you like to learn from your Volunteer experience? _____

Which days and times are you available?

	Mon	Tue	Wed	Thu	Fri
Start time:					
End time:					

How did you hear about our Volunteer Program? _____



Criminal Record: (If you answer yes to any of these questions, complete details must be outlined and attached to this application on a separate piece of paper. Include offenses, places, dates, and penalties. Do not list minor traffic infractions or list convictions for which the record has been judicially sealed, expunged or statutorily eradicated; convictions for which probation has been successfully completed or otherwise discharged and the case has been dismissed; referrals to and participation in any pre-trial or post-trial diversion programs; and marijuana related offenses that occurred over two years ago.) A conviction, guilty plea or no contest will not necessarily disqualify an applicant from consideration.

Have you ever pled guilty or no contest to a crime or been convicted of a crime?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you pled guilty or no contest or been convicted of any offense which would prohibit you working with children?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

References: List people we may contact who are qualified to evaluate your capabilities (do not include relatives):

Name:	Address:		
Phone:	Occupation:	Years Known:	

Name:	Address:		
Phone:	Occupation:	Years Known:	

Name:	Address:		
Phone:	Occupation:	Years Known:	

I hereby certify under penalty of perjury that all of the information I have provided on this Volunteer Application is true, correct, with the knowledge that such statements and information may be relied upon by Orange County Head Start, Inc. in considering my application.

Name of Applicant (Print): _____

Signature: _____ Date: _____

Returning Volunteer: Please update Volunteer Application and required documents including emergency contact, statement of good health, ID, driver's license which have changed since last volunteer activities with OCHS.

FOR OFFICE USE ONLY

Human Resources Staff: _____ Date: _____

Criminal Background Check Clearance: _____ TB Clearance: _____