# Volunteer Application

**Please type directly into this application, save it, and email to Wendy.beseda@kidshome.org.**

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

Home Address:

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

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:

Employer:

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length of Employment?

Education (course of study & last grade completed):

Previous volunteer experience or related work experience if applicable. Please indicate name of agency and date of service:

Skills, hobbies, you might utilize with children:

How did you learn about Sacramento Children’s Home?

Do you have a particular preference as to the age or sex of the child/children you would be working with?

**Please check all areas of interest:**

□ Crisis Nurseries Childcare Volunteer

 □ North Nursery 4533 Pasadena Ave □ South Nursery 6699 South Land Park Drive

□ Residential Program Volunteer

□ Administrative Volunteer

□ Special Events Volunteer

□ Booths and Fairs Volunteer

□ Virtual Tutoring

□ Auxiliaries

 **Completing a criminal background check/finger printing is required for any volunteer that has contact with children. Providing proof of a recent negative TB test is required for any volunteer that has physical contact with the children. Virtual volunteers do not need a TB Test. The Sacramento Children’s Home will help coordinate the background check/finger printing. However, those prospective volunteers that need a TB test will need to provide their own recent negative TB test. Volunteers are also encouraged to make an optional donation of $89 to the Sacramento Children’s Home to cover the cost of the background check.**

Have you ever been arrested or convicted of a crime other than a minor Traffic Violation?

If so explain:

# References

**I agree to allow Sacramento Children's Home to seek personal references from the persons submitted below.**

1. Name:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_ Zip Code:

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:

2. Name:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_ Zip Code:

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:

3. Name:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_ Zip Code:

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Volunteer’s Signature:

**Please type and fill out the application online and email to Wendy.beseda@kidshome.org**

Any addition questions? Call Wendy Beseda at: (916) 290-8199