



**JEFFERSON UNION HIGH SCHOOL DISTRICT  
VOLUNTEER APPLICATION  
at the Daly City Youth Health Center**

Today's Date \_\_\_\_\_

|                |              |
|----------------|--------------|
| <b>NAME</b>    |              |
| <b>ADDRESS</b> |              |
| <b>PHONE</b>   | <b>EMAIL</b> |

Best way to contact?  Phone  Email Please check if you are **under** 18 years of age

**EDUCATION**

High School Student, \_\_\_th grade     College Student, Major \_\_\_\_\_     Not currently in school  
School \_\_\_\_\_

**EMPLOYMENT**

Full-time                       Part-time                       Retired                       Not currently employed

**Select all area(s) of interest:**

Clerical Support                       Community Relations                       Development  
 Mentorship (18+ only)                       Youth Advisory Council (12-24 y.o.)                      Other: \_\_\_\_\_

**We do not have volunteer opportunities to work in the medical clinic.**

Have you ever been a client of the health center before?  Yes  No  
How did you hear about the health center?

Why are you interested in volunteering with DCYHC?

List previous volunteer experience in chronological order. Attach additional paper if necessary.  
(Include: organization, start and end date, position held, contact person with phone number)

**Please select all skills you would like to use as a volunteer:**

Craft skills and tools                       Photography                       Video editing                       Data entry/word processing  
 Graphic design                       Public speaking                       Writing/Editing                       Phone contact/calling  
 Bilingual (language) \_\_\_\_\_                       Other \_\_\_\_\_

**LENGTH OF COMMITMENT**

On call as needed for special projects  
 \_\_\_\_\_ hours per week for \_\_\_\_\_ months  
 Community services hours – total hours needed: \_\_\_\_\_

Please list days and times of **availability** (Please note DCYHC Hours are 9:00am - 5:00pm)

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          |        |

List three non-relative references who can attest to your good character.

| NAME | PHONE | EMAIL | RELATIONSHIP TO APPLICANT |
|------|-------|-------|---------------------------|
|      |       |       |                           |
|      |       |       |                           |
|      |       |       |                           |

Have you ever been convicted in a Civil/Criminal Court Action? (Exclude traffic violations resulting in fines less than \$75). Yes No

If yes, give date, place, nature and disposition of each offense. Attach additional paper if necessary. If in doubt, please state details.

Are charges currently pending for any matter related to you? Yes No

If yes, please explain:

Are you currently serving probation for any criminal offense or agreed to serve in a diversion program since the age of 18? Yes No

If yes, please explain:

DRIVER'S LICENSE: Yes No STATE: \_\_\_\_\_

**I hereby certify under penalty of perjury that all statements made in this application are true and complete and understand that my misstatements of material facts may be subject to disqualification or dismissal.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Submit applications by fax to: (650) 985-7019**  
**by email to: [pcarbullido@dalcityyouth.org](mailto:pcarbullido@dalcityyouth.org)**  
**by mail to: Attn: P. Carbullido - Volunteer Application**  
**Daly City Youth Health Center**  
**2780 Junipero Serra Blvd. Daly City, CA 94015**

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 TO APPLICANT: The information in this section is voluntary. It is requested under the conditions of Section 1233 of the California Government Code which permits the collection of ethnic background data. This data is to be used solely for implementing and improving our Affirmative Action Program and will have no bearing on your application.

AMERICAN INDIAN: \_\_\_\_\_ ASIAN: \_\_\_\_\_ BLACK: \_\_\_\_\_ WHITE: \_\_\_\_\_  
 PACIFIC ISLANDER: \_\_\_\_\_ FILIPINO: \_\_\_\_\_ HISPANIC: \_\_\_\_\_ OTHER: \_\_\_\_\_

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**DIRECTOR/OPERATIONS MANAGER'S CERTIFICATION & RECOMMENDATION:**  
 To the best of my knowledge the applicant is qualified to volunteer with high school age students and I recommend him/her for volunteer service.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_