



SOUTHERN INDIAN HEALTH COUNCIL, INC.

4058 Willows Road Alpine, CA 91901
phone (619) 445-1188 fax (619) 659-3144
www.SIHC.org



BOYS & GIRLS CLUB
OF KUMEYAAY NATION
WELLNESS

Volunteer Application

INSTRUCTIONS

1. This form should be legibly printed in black or blue ink.
2. All questions must be answered. Please do not use abbreviations when completing this application.
3. Current copies of the below listed items must be submitted with this application:
 - CPR *if current*
 - First Aid *if current*
 - Food Handlers *if current*
4. *If applicable*, there are _____ separate sheets included with this application.

Note: Submit completed application to Human Resources. See page 3.

Applicant must be 18+ years old to be considered. Court ordered community service is not accepted.

I. IDENTIFYING INFORMATION

Last Name:		First Name:		Middle Name:	
Physical Address:			City:		
			State:		Zip:
Mailing Address (P.O. Box):			City:		
			State:		Zip:
Primary Contact Number: (____) ____ - ____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		Secondary Contact Number: (____) ____ - ____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other		E-mail Address:	
Do you have any certificates or relevant training? <input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> Food Handlers <input type="checkbox"/> Other: _____					

II. VOLUNTEER GOALS

I am a: <input type="checkbox"/> New Volunteer <input type="checkbox"/> Returning Volunteer					
I am volunteering as a:					
<input type="checkbox"/> member of a group/organization/company		name: _____			
<input type="checkbox"/> community member		Tribe: _____			
<input type="checkbox"/> student		school: _____			
<input type="checkbox"/> other		specify: _____			
I have interests and special skills in the following areas:					
<input type="checkbox"/> art and culture		<input type="checkbox"/> character and leadership development/mentoring		<input type="checkbox"/> education/tutoring	
<input type="checkbox"/> sports/coaching					
<input type="checkbox"/> special skills (web design, photography, finance, etc.)		specify: _____			
<input type="checkbox"/> other		specify: _____			
I am looking to commit:					
<input type="checkbox"/> one month		<input type="checkbox"/> one to three months		<input type="checkbox"/> three to six months	
<input type="checkbox"/> six to nine months		<input type="checkbox"/> more than nine months			
<input type="checkbox"/> special projects only		specify: _____			
My Availability (<i>please note, the hours of the Club change during school breaks</i>)					
	Monday	Tuesday	Wednesday	Thursday	Friday
2:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. BACKGROUND INFORMATION

Please list any other name(s) which you have been known as (maiden names or other names used) within the past five (5) years.

1. _____
2. _____
3. _____
4. _____

I have lived in a county other than San Diego within the past five (5) years yes no
if yes, please fill out the full addresses below

Street Address	City	State	Zip	Dates
				____/____/____ to ____/____/____
				____/____/____ to ____/____/____
				____/____/____ to ____/____/____
				____/____/____ to ____/____/____

Date of Birth: ____/____/____

California Driver's License Number:

Social Security Number:

 Do you have a driver's license in any other state?

Have you been convicted of a felony within the last seven (7) years?

Yes No

If yes specify: _____

IV. EMERGENCY CONTACT INFORMATION

Last Name:	First Name:	Relationship:
Physical Address:		City:
		State:
		Zip:
Primary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other	Secondary Contact Number: (____) ____-____ <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Other	

V. PREVIOUS VOLUNTEER EXPERIENCE

Name of Organization:	Contact Name:
Date of Volunteering: ____/____/____ to ____/____/____	
Please explain volunteer role: _____ _____	
Name of Organization:	Contact Name:
Date of Volunteering: ____/____/____ to ____/____/____	
Please explain volunteer role: _____ _____	

Name of Organization: _____		Contact Name: _____
Date of Volunteering: ___/___/___ to ___/___/___		
Please explain volunteer role: _____		

Volunteer Pledge, Information Release, Acknowledgements

I hereby authorize Southern Indian Health Council, Inc. (SIHC) to conduct an investigation into my personal background for the purpose of evaluating my qualification for use and presence at SIHC's Boys & Girls Club of Kumeyaay Nation Wellness in a capacity where I will have direct, repetitive contact with children. I acknowledge and agree that SIHC may conduct all or part of such investigation which will be name, fingerprint, and/or personal background based. I also acknowledge and agree that SIHC may obtain information pursuant to such investigation through personal interview with acquaintances, business associates and other persons who may have knowledge as to my personal and professional background. I further acknowledge and agree that inquiry into my character, personal characteristics, employment history, and public record information (e.g. record of civil judgment, conviction, motor vehicle violations) as well as diplomas, degrees, licenses, and transcripts may be relevant to SIHC's evaluation of my qualifications and that such inquiry will be made for the purposes of completed a background investigation. I understand that, at a minimum, this background check will: (a) **verify the person's identity and legal aliases**, (b) **provide a national Sex Offender Registry search**, and (c) **provide a national criminal record search**. I understand that this background investigation shall be conducted prior to my involvement at the Club and at regular intervals not to exceed twelve (12) months. I hereby release SIHC and any person providing information in connection therewith from any and all liability which may arise in connection with the above described background investigation. In authorizing such investigation, I hereby voluntarily provide the information and it will be used only in connection with the investigation authorized herewith.

Southern Indian Health Council, Inc. utilizes multiple sources for a background investigation and is unable to provide the results of the background.

I hereby confirm, represent and warrant that I have never been convicted of or charged with any felony offense or any violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any other sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith. I will not engage in illegal activities in connection with youth members (such as purchasing alcohol or tobacco products for any of them) or socialize with youth members outside of SIHC activities.

I authorize investigation of all statements contained in this Volunteer Application as may be necessary in arriving at a decision for my involvement at SIHC. I understand that my ability to volunteer at SIHC is pending until an approval is received from Human Resources.

I understand that false and misleading information given in my application or interview(s) may result in disqualification. I understand, also, that I am required to abide by rules and regulations of SIHC. I agree to a pre-volunteer examination prior to my volunteer assignment beginning. I certify that my response to these questions are made under Federal penalty of perjury, which may be punishable by fines of up to \$10,000 or five (5) years imprisonment, or both, and that I received notice that a local, state, and federal criminal check will be conducted. I understand my right to challenge the accuracy and completeness of any information contained in the report.

By signing this application, I verify the accuracy of the information herein. I understand and agree that none of the application process, SIHC's policies and procedures, or my future participation in SIHC activities creates any obligations or rights relating to participation in any volunteer activities and that any participation in any such activities can be terminated, with or without cause and with or without prior notice, at any time, at the discretion of SIHC. If accepted as a volunteer for SIHC, I agree to abide by all policies and procedures applicable to volunteers.

Print Name: _____	Sign Name: _____	Date: ___/___/___
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Submit completed application to Human Resources

1. e-mail jobs@sihc.org
2. fax: (619) 659-3145
3. drop off at any location