

# Volunteer Application

Please complete each section fully and accurately.  
Please print clearly or type, and remember to sign the application in the space provided at the end of the form.  
Silicon Valley FACES does not discriminate on the basis of race, sex, color, disability, national origin, ancestry, religion, creed, age, marital status, sexual orientation, veteran status, or any other basis prohibited by law.



## Personal Information

Name	
Street Address	
City, State, ZIP Code	
Phone	
Alternate Phone	
E-Mail Address	
Do you speak a language other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify:	
Are you over 18 years of age: <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Availability

Which days and hours are you available to volunteer?

## Interests

Which program(s) are interested in volunteering for? (Check ALL that apply.)

☐ Office Administration      ☐ Common Ground      ☐ Camp Everytown  
☐ Restorative Programs      ☐ Human Relations Education      ☐ Other, please specify

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Related Work Experience (volunteer or paid)

1. Name of Organization: : \_\_\_\_\_  
Dates of Involvement: \_\_\_\_\_ to \_\_\_\_\_ Job title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_
2. Name of Organization: : \_\_\_\_\_  
Dates of Involvement: \_\_\_\_\_ to \_\_\_\_\_ Job title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_
3. Name of Organization: : \_\_\_\_\_  
Dates of Involvement: \_\_\_\_\_ to \_\_\_\_\_ Job title: \_\_\_\_\_  
Description of duties: \_\_\_\_\_

## Education

High School/GED	School: Graduation/Certification Date:	
College	School: Degree:	Major: Graduation Date:
	School: Degree:	Major: Graduation Date:
Trade School/Other	School: Degree/Certification:	Completion Date:

## Contact in Case of Emergency

Name	Phone
Name	Phone

## Certification and Signature

I certify that the information provided in this application is true and complete. I authorize Silicon Valley FACES (SV FACES) to investigate in this application and to secure any necessary information from all employers, references, academic institutions, and other organizations. I also agree to execute any additional written authorizations necessary for SV FACES obtain access to and copies of records pertaining to this information. I agree to release any person, company, or other institution from any and all cause of action that otherwise might arise from supplying SV FACES with information if may request pursuant to this release.

I agree to comply with all applicable policies, procedures and rules of SV FACES, and I understand that any violation may result in my immediate dismissal as a volunteer. I understand that nothing in this application, or in acceptance of my offer of to volunteer services, is intended to create an employment contract between SV FACES and me.

I hereby acknowledge that I have read and understand the preceding statement.

Name (printed)	
Signature	
Date	

## Application Process

Please submit this application to [info@svfaces.org](mailto:info@svfaces.org) or fax to 408-287-8061 or mail to:  
1401 Parkmoor Ave. Ste 150, San Jose, CA 95126. For questions, call 408-286-9663, ext. 332.

## Program Staff Use Only:

Application Received: \_\_\_\_\_

Interview Date: \_\_\_\_\_

Fingerprinting Cleared: \_\_\_\_ Yes \_\_\_\_ No Date: \_\_\_\_\_ Confirmation No: