



Aviva Family and Children's Services

VOLUNTEER APPLICATION

Due to the nature and sensitivity of caring for abused children, State law requires that we do background checks for all staff and volunteers. Therefore, more specific information is required on our volunteer application than you may have expected. All information is kept in strict confidence. Please be aware, Aviva will incur an expense of \$180 to process background checks for anyone volunteering. Help us keep our costs to a minimum by being sure it is the right time in your life to volunteer with our girls.

Please complete, return by e-mail or fax this application to:
Attention: Volunteer Coordinator

Tel (323) 876-0550 X2504
Fax (323) 876-0439

Name: _____

Date: _____

Address: _____

City _____ Zip _____

Home #: _____ Best time to call: _____

Cell #: _____

Email: _____

Website: _____

Information required for background checks

Date of Birth: _____

Driver's License# _____

Expiration: _____

Please submit a photocopy of Driver's license with application

Current Employment

Employer _____

Position _____

Address _____

Phone (____) _____ Ext. _____

City/Zip _____

Can I call you at work? _____

Length of Employment _____ Have you ever been employed by Aviva? Yes / No

Do you speak any other languages besides English? Yes / No

If yes, please list _____

Education

School & Location (City & State)	Major / Subject	Units / Years	Degree / Diploma

Personal References

Name: _____

Phone: (____) _____ Ext. ____

Address: _____

Relation: Family Friend Co-worker

Name: _____

Phone: (____) _____ Ext. ____

Address: _____

Relation: Family Friend Co-worker

1. How did you hear about the Aviva?

2. What hours and days are you available to volunteer?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____

3. Why do you want to volunteer?

4. Please list your prior volunteer experience:

5. Have you ever worked with seriously troubled teens children before?

No

Yes

If yes, please list where you volunteered before and include dates:

6. Have you ever volunteered at any other residential facility?

No

Yes

If yes, please indicate where and why you are no longer volunteering there and give dates:

7. What do you hope or envision your volunteer experience at the Aviva to be like?

8. What do you hope to share or offer the girls at Aviva?

My Volunteer Interests

I am interested in:

- Enrichment Activity Class Leader Mentor/Tutor Sterling Associates
 Culture/Group Activity Guest Speaker-Wednesday Night Other _____

Skills or Hobbies I can share in the Enrichment Activity Classes

- Acting / Improvisation Dance or Yoga Jewelry Making
 Arts & Crafts (Painting, sculpting, scrap booking, etc.) Grooming/Personal Appearance (Make-up, Hair, etc.) Poetry
 Cooking Fabric, Textile or Mosaic Arts Sports / Physical Activities
 Creative Writing/Journaling Improvisation/Comedy/Drama Other

Academics/Tutor

- Math Science English – Writing / Reading History Social Studies

Location to Volunteer

- Hollywood - Annenberg Residential Program
 Hollywood – Aviva High School



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STATEMENT OF GOOD HEALTH

Per Title 22 regulations, which governs agencies providing out of home care for children. Section 80065 (G) states:

“All personnel, including the licensee, administrators and volunteers, shall be in good health and shall be physically, mentally and occupationally capable of performing assigned tasks.”

Section 3 addresses volunteers, “The good physical health of each volunteer who works in the facility shall be verified by:

- (A) A statement signed by each volunteer affirming that he/she is in good health.
- (B) A test for tuberculosis performed not more than one year prior to or seven days after initial presence in the facility.”

I, _____, certify that to my knowledge I am in a state of good health and pose no threat of serious illness to Aviva clients. Further, I promise to advise the Volunteer Coordinator at Aviva if my health status should change, requiring me to withdraw my volunteer services.

Signature

Date



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EMERGENCY CONTACT INFORMATION

THIS INFORMATION IS KEPT IN CONFIDENCE AND IN A SECURE LOCATION.
The information is necessary in case of an emergency while you are on Aviva's premises.

Your Name: _____

Address: _____

City _____ **Zip** _____

Tel #: _____

In case of emergency, please contact:

Name (print) _____

Best Tel # (_____) _____

Name of Doctor _____

Phone Number (____) _____

Emergency Medical Data to Share with Authorities if,
you are unable to communicate.

Is there any medical information that needs to be
disclosed to a paramedic? NO YES

If yes, what _____

Is there a particular medical facility you wish to be
taken to, if the situation allows it? NO YES

If yes, where _____

Known Allergies: _____



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AGREEMENT OF VOLUNTEERS

Date: _____

As a condition of doing volunteer work with persons who are receiving services from Aviva Family & Children's Services, I (Please Print) _____ agree not to divulge any information obtained in the course of such work to unauthorized persons. I agree not to publish or otherwise make public any information regarding persons who have received services.

I recognize that unauthorized release of confidential information may make me subject to civil action under provisions of the Federal Regulations Code.

Signature

Date

Aviva Staff Signature

Date



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CRIMINAL VERIFICATION FORM

Have you ever been convicted of crime other than a minor traffic violation?

No Yes

If yes, please describe the violation, dates and penalties.

Are you on probation? No Yes

I have answered this question truthfully,

Signature

Date

Aviva Staff Signature

Date