



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 mail or fax this application to:

Attn: *Volunteer Coordinator*
Aviva Family and Children's Services
1701 Camino Palmero
Los Angeles, CA 90046

Tel (323) 876-0550 X504
Fax (323) 876-0439

Name: _____

Date: _____

Address: _____

City _____ Zip _____

Home #: _____ Best time to call: _____

Cell #: _____

Email: _____

Information required for background checks
Date of Birth: _____
Soc. Security #: _____
Driver's License # _____
Expiration: _____
<u>Please submit a photocopy of Driver's license with application</u>

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 (6-week commitment)

Academics/Tutor Tuesday Night Speaker Other _____

Skills or Hobbies I can share in the Enrichment Activity Classes

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

Academics/Tutor

- Math Science English – Writing / Reading History Social Studies