UCLA Volunteer Application

I. Applicant Contact Information									
Name:	st		Last		Email:				
Address:	reet Name		· , .	Apt # City	,	,	Zip Code		
Telephone: () IOME	-	(CELLULAI) - R	() VORK			
Are you 18 or older? NO YES If NO, please indicate Date of Birth: Month Day Year									
How did you hear about volunteering at UCLA?:									
II. Employr	nent								
Are you currently employed by UCLA or UC?									
If yes, indicate duration of employment: to: Location/Dept:									
	Reason for leav	ring UC/UCLA?: _							
Name of (Current Employe	r, if applicable: _							
III. Education									
Highest Degree Attained:									
	Major:								
Institution:									
Are you currently attending school? NO YES If yes, name of school:									
IV. Availability									
During which ho		lable for voluntee		T	- FDI	0.1.7	2111		
MORNING	MON	TUES	WED	THURS	FRI	SAT	SUN		
AFTERNOON			П						
EVENING									
V. Interests Tell us the areas in which you are interested in volunteering:									
VI. 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.									
Certifications and Expiration Dates (e.g. CPR, First Aid):									
Languages:									

VII. Previous Volunteer Experie	nce								
Summarize your previous volunteer experience:									
Are you currently a UCLA Volunteer?	□ NO □ YES								
,									
Have you volunteered for UCLA in the past?	□ NO □ 1E2								
If yes, indicate duration of assignment:	Begin Date	Location/De	pt:						
Reason for leaving UC/UCLA:	Begin Date								
VIII. Criminal Background									
Have you ever been convicted of a felony or a	•								
 a. Traffic violations for which the fine imposed was \$300.00 or less; b. Any conviction specified in the Health & Safety code section 11361.5 which pertains to various marijuana offenses; 									
c. Any conviction that has been sealed, expunged or legally eradicated;									
, , , , , , , , , , , , , , , , , , , ,	d. Any offense which has finally settled in juvenile court or referred to the youth authority; e. Any misdemeanor conviction for which probation has been successfully completed or otherwise discharged AND the case has been								
judicially dismissed pursuant to Penal Code s have taken an affirmative action to file a pe									
·	anion with a source to have the convicti	on our acide and been eacedoral	iii tiiut uotioii.						
□ NO									
☐ YES									
If YES, please explain:									
IX. Person to Notify in Case of E	marganev								
TX. Person to Notiny in Case of L	-inergency								
Name:									
First	Last								
Address:	, , ,	,	State Zip Code						
	/	()							
Telephone: () - HOME	() CELLULAR	- () WORK	<u> </u>						
Email:									
X. Agreement and Signature									
By submitting this application, I affirm that the	e facts set forth in it are true and co	mplete. I authorize UCLA to ve	rify any information						
relevant to my suitability as a volunteer. I und	derstand that if I am accepted as a	volunteer, any false statements,	omissions, or other						
misrepresentations made by me on this application	ation may result in my immediate di	smissal from any volunteer assi	gnment.						
Volumboro Denticio ent Nonce (aninte d)									
Volunteer Participant Name (printed):									
Signature:		Date:							
Parental Consent (required of youth vo									
Parent/Guardian Name (printed):									
Signature:		Date:							
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XI. State Privacy Notice

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves:

- The principal purpose for requesting the information on this form is to evaluate qualifications of prospective volunteers. University policy authorizes the maintenance of this information.
- Furnishing the information is mandatory.