

Applicant name: _____

VA-2

Personal/Character References *(Two individuals NOT related to you are required):*

Name

Phone/email

How do you know?

(1) _____

(2) _____

Please describe your prior volunteer and/or work experience.

Briefly describe your experience with the elderly or the disabled.

How did you learn about CWC?

Why did you decide to volunteer with CWC at this time? What would you like to get from your experience?

Do you have any health problems or impairments that affect your ability to volunteer for CWC or for which special accommodations should be made? No Yes - *If yes, please explain*

What is your usual mode of transportation? Walking Bike Car Bus

Do you smoke? Yes No

Have you any preferences or special conditions that should be considered in assigning you (e.g. allergies, fear of pets)?

Have you ever been convicted of a felony? No Yes - *If yes, state the crime for which you were convicted.*

I hereby authorize Citizens Who Care/Yolo Hospice to conduct a review of all public information about me to assure client safety. In this regard, I understand that Citizens Who Care may terminate or adjust my services at any time. (Electronic submission of this form with name typed below will substitute for signature consent.)

Signature _____ **Date** _____