



**Edgewood Center for Children and Families
Volunteer Application**

All volunteers must be 18 years or older, pass a background check, complete a TB test, sign a confidentiality agreement and waiver, and submit a volunteer application prior to volunteering

Name:	Date:
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Applicant Information:

Address:	Phone Number:
City:	Email:
State:	Employer:
Zip Code:	Position:

Education:

School	Major	Degree/Diploma	Date of Completion

Relevant Experience:

Please describe any past volunteer/work experience (include the agency/organization and summary of duties performed):

Volunteer Opportunities:

Please describe the volunteer opportunities you are interested in at Edgewood:
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Availability:

Please indicate specific days and times you are available to volunteer:

References (please include at least one reference that has observed you working directly with youth):

Name	Relationship	Contact Information

Are you bi-lingual or do you have any foreign language skills?

Yes No

If so, please explain:

Have you ever been convicted of a crime?

Yes No

You do not need to identify convictions which have been sealed, expunged, dismissed, or otherwise eradicated by statute or court order, any marijuana-related convictions which are more than two years old, or information pertaining to referral to and participation in any pre-trial or post-trial diversion program. If yes, please explain:

Acknowledgement Statement:

Edgewood Center for Children and Families does not discriminate according to race, religion, disability, sexual preference, gender identity, or economic status.

I hereby apply for a volunteer position at Edgewood. I understand that Edgewood will interview me about my background, motivation, expectations and other personal qualities which might have a bearing on my appropriateness for the program.

I further agree to be fingerprinted using LiveScan in order for Edgewood to request a criminal back ground check (all expenses to be paid by Edgewood), have a tuberculosis test before I start in a volunteer capacity. I understand that Edgewood will review references and will investigate any and all facts concerning my



qualifications for becoming a volunteer. I certify that all of the information provided by me in this application is complete, true, and accurate. I acknowledge that intentional falsification of information will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I also certify that I am 18 years of age or older.

I understand that the statements I make to the staff of the agency will be held confidential within the agency, unless disclosure is required by law. Specifically, I understand that incidents of child abuse or molestation, past or present, or threat of harm to oneself or others are issues that must be reported to the proper authorities.

I understand that my application will not be considered unless it is complete and signed, and until the required supplemental information is submitted and completed.

I agree to notify Edgewood immediately of any changes in the information provided in the application process including, but not limited to the following: legal status, driving record, job change, address change, telephone number change, or name change.

This application and any additional information gathered will remain the property of Edgewood Center for Children and Families.

Printed Name:	Date:
Signature:	

Confidentiality Agreement:

Confidentiality, or the protection of children’s rights, is a critical aspect of the treatment with regards to the youth and their families at Edgewood. Under no circumstances will names, particular problems, and personal or family backgrounds of children or their families be revealed to any individual who does not directly participate in the treatment process at Edgewood.

Confidential information revealed to any individual who does not directly participate in the treatment process with a child and family requires a specific release from the responsible party.

Therefore, I, the undersigned, hereby agree to divulge neither the identity nor identifying clinical information concerning any child or family in past or current treatment at Edgewood without proper authorization in accordance with California Welfare and Institutions Code, Section 5328, et seq.

I understand that the unauthorized release of confidential clinical information renders me liable to a civil action under provisions of the Welfare and Institutions code.



Printed Name:	Date:
Signature:	

Release of Liability:

I am voluntarily participating in a volunteer activity for Edgewood Center for Children and Families and assume the risk of any injury caused by participation in these activities. I hereby waive any claim for any injury caused by or resulting from my participation in the activity.

Printed Name:	Date:
Signature:	

I am interested in receiving Edgewood's Newsletter.

Yes No

