California School for the Blind Volunteer Application

Instructions:

Please save this form on your computer, and e-mail it to:
info@csb-cde.ca.gov

Name:

Address:

Home Phone Number:

Cell Phone Number:

E-mail Address:

Are you 16 years of age or older? * ◯Yes ◯No

*Volunteers must be 16 years old to volunteer with the State of California

Current Employer:

Occupation:

Educational Background:

Do you have CPR or First Aid Certification? ◯Yes ◯No

Language(s) Spoken:

Do you have any Physical Limitations? ◯Yes ◯No

If yes, please list:

What prompted you to seek volunteer work?

Do you have any particular interests, talents, hobbies or skills?

What do you hope to gain from volunteering here?

Please list all volunteer experience:

Please list any experience you have with people with visual impairments:

Personal References. Please list three personal references we may contact. (Name, Phone Number and relationship)

1.

2.

3.

What hours and days are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

How much time do you anticipate being available to volunteer?

How did you hear about our volunteer program?

Would you be interested in any of the following areas to volunteer in?

- ☐ Adapted Physical Education
- ☐ Art
- ☐ Assistive Technology or Information Technology
- ☐ Classroom Assistance
- ☐ Clerical

- ☐ Clubs and Activities (New ideas welcome!)
- ☐ Keyboarding
- ☐ Alternative Media Support (Braille, Large Print, Audio)
- ☐ Library
- ☐ Music
- ☐ Photographer
- ☐ Learning Media Support or Reading Support
- ☐ Short Course Program
- ☐ After-School Sports (Goal Ball, Strength & Conditioning, Swimming, Track, and Beep Baseball/Kickball)
- ☐ Summer Academies
- ☐ Residential Support (Subject Matter Tutors)?
- ☐ Residential Support (Dances, Field Trips, Activity Planning)

Certification of Application

Answers will not necessarily disqualify you from consideration.

A. Have you ever been convicted by any court of an offense? ◯ Yes ◯ No

The following need not be reported:

- Minor traffic violations for which the fine was $50 or less.
- Any offenses which were finally settled in a juvenile court or under a welfare youth offender law.
- Any incident that has been sealed under welfare and institutions code section 782 or penal code section 1203.45.
- Any conviction specified in health and safety code section 11261.5. This section pertains to various marijuana offenses.

B. Has your driver's license ever been suspended or revoked? ◯ Yes ◯ No

If your answer to (A) or (B) is yes, list all offenses on a separate sheet of paper giving date, location, nature, and disposition for each and attach the statement to this form.

C. Do you possess a valid California driver's license? ◯ Yes ◯ No

If yes, enter your driver's license number

I certify under penalty of perjury that the information I have entered on this application is true and complete to the best of my knowledge. I further understand that any false, incomplete, or incorrect statements may result in my disqualification from becoming a volunteer at the California School for the Blind. I authorize the employers and educational institutions identifies on this application to release any information they may have concerning my employment or education to the State of California.

Signature: _____ Date:

CALIFORNIA STATE GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER: The law prohibits discrimination on the basis of race, color, creed, national origin, ancestry, sex, marital status, disability, religious or political affiliation, age or sexual orientation.