# Lucerne Alpine Seniors, Inc. | Lucerne Alpine Senior Center

P.O. Box 937 | 3985 Country Club Drive, Lucerne, CA 95458 | 707-274-8779 | admin.lasc@mediacombb.net

# VOLUNTEER APPLICATION

We encourage the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed, submit to a Background Check and be trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most appropriate volunteer opportunity for you. Thank you for your interest in Lucerne Alpine Seniors.

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

List any special talents or skills you have that you feel would benefit our organization:

1. _____ 3. _____

2. _____ 4. _____

Please **circle** weekdays on which you are available:   Mon.   Tue.   Wed.   Thur.   Fri.

Times Available: _____ to _____

Physical Limitations: _____

_____

Emergency Contact: _____ Phone: _____

***Background Check Required.*** *The California Health and Safety Code, Division 2. Licensing Provisions, Chapter 3., Article 2., Section 1522 (b) (1) (D) requires background checks for employees and volunteers working with the elderly population. You may request a free copy of your Background Check by placing an "X" in the box:* ☐

***Criminal Record Clearance.*** *IF THERE ARE NO CONVICTIONS WRITE "NONE" below. A conviction will not necessarily disqualify an applicant from employment. Failure to disclose any conviction will disqualify an applicant or employee from employment. Lucerne Alpine Seniors, Inc. employees must be cleared from criminal conviction by the State of California, Dept. of Justice. Please explain all convictions (nature of crime, case #, city, county, state, name of court, date of conviction). Exclude convictions for marijuana-related offenses more than two years old; convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case was dismissed.*

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*As a volunteer of this organization, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.*

*Signature & Authorization to do Background Check:* _____ *Date:* _____