



Asian Community Mental Health Services

310 – 8th Street, Suite 201, Oakland, CA 94607

510.451.6729 PHONE; 510.268.0202 FAX

www.acmhs.org

VOLUNTEER APPLICATION FORM

Name:		Date of Application:															
Address:		Date of Birth:															
Email Address:		Phone #:															
Emergency Contact:		Relationship:															
Address:		Phone #:															
School:		Level:															
Major:		Degree:		Graduation Date:													
Place of Employment:		Do you have access to a car?															
Occupation:		Phone#:		Yes No													
Skills/Experience/Hobbies/Talents:																	
Computers		Writing		Public speaking													
Receptionist		Counseling		Fundraising													
Clerical		Typing		Outreach													
Teaching		Research		Art													
Translation																	
List any foreign language(s) in which you are fluent:			Additional skills or knowledge:														
		Speak		Read													
		Write															
		Speak		Read													
		Write															
Why do you wish to volunteer at ACMHS?																	
How did you hear about ACMHS?																	
In which area would you like to volunteer? Please check all that apply.																	
Filing		Outreach		Newsletter													
Website maintenance																	
Copying		Day program aide		Bulk mailing													
Fund development																	
Data entry		Translation		Special events													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Day of Week</td> <td style="width: 15%;">Monday</td> <td style="width: 15%;">Tuesday</td> <td style="width: 15%;">Wednesday</td> <td style="width: 15%;">Thursday</td> <td style="width: 15%;">Friday</td> </tr> <tr> <td>Times you are available:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>						Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Times you are available:					
Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday												
Times you are available:																	
Total hours available per week:		Start Date:		End Date:													

Time commitment varies by job, but a minimum 3-month commitment is required.

Please complete both sides of this application.

Have you ever been convicted of any violation of the law? Include felonies and misdemeanors, including sexual and child abuse related crimes, but not traffic violations under \$125.00. A conviction record is not necessarily a bar to being accepted as a volunteer. Each case will be given individual consideration. Please be truthful.

Yes No

VOLUNTEER AUTHORIZATION STATEMENT:

Asian Community Mental Health Services has the right to verify information provided in the application. False information, misstatements or omission of material facts may be grounds for rejecting this application or for dismissal following your role as a volunteer. In connection with this application, I authorize Asian Community Mental Health Services and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, records maintained by an educational institution relating to academic performance such as transcripts. Moreover, I hereby release Asian Community Mental Health Services and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

Yes No

(We may be unable to use you as a volunteer without this information.)

CONFIDENTIALITY AGREEMENT:

I will abide by the confidentiality policy of Asian Community Mental Health Services. I understand that my receiving permission to go into ACMHS case files, employee and donor files, and financial records requires on my part complete confidentiality of all names, addresses and pertinent information. I also understand that any information that I wish to make public must have the written consent of the client, employee or senior accountant and approval by my immediate supervisor.

Yes No

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understood the information above.

Signature _____ Date _____

*Please fill out this form completely.
Fax to (510) 268-0202, Attn: Executive Assistant
Mail to ACMHS, Attn: Executive Assistant, 310 – 8th Street, Suite 201, Oakland, CA 94607*