

**\*\* Please complete the entire application and return by mail, fax or email to Judy Schefer, Volunteer Coordinator at the contact info listed below \*\***



**SACRAMENTO  
CHILDREN'S HOME**

*Investing in our children & families since 1867*

**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of Employment? \_\_\_\_\_

Business Phone: \_\_\_\_\_ Can you be called at work? \_\_\_\_\_

Education (course of study & last grade completed): \_\_\_\_\_  
\_\_\_\_\_

Previous volunteer experience or related work experiences if applicable. Please indicate name of agency and date of service: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Skills, hobbies, you might utilize with children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*Please check all areas of interest:*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Crisis Nurseries child care   | <input type="checkbox"/> Administrative   | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Residential Program Volunteer   | <input type="checkbox"/> Booths and Fairs | <input type="checkbox"/> Auxilliaries   |
| <input type="checkbox"/> Special Friend ( <i>may qualify after 3 mo's as residential volunteer</i> ) |   |   |

Have you ever been arrested or convicted of a crime other than a minor traffic violation? \_\_\_\_\_ If so explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about Sacramento Children's Home? \_\_\_\_\_  
\_\_\_\_\_

Do you have a particular preference as to the age or sex of the child/children you would be working with? \_\_\_\_\_

Your availability (day of week and times): \_\_\_\_\_

**REFERENCES**

**I agree to allow the Sacramento Children's Home to seek personal references from the persons submitted below:**

**SIGNED:** \_\_\_\_\_

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

**Fingerprinting and T.B. testing are required.  
This will be provided by Sacramento Children's Home.**

**VOLUNTEER HEALTH STATEMENT**

I, \_\_\_\_\_, hereby affirm that, to the best of my knowledge, I am in good health and am free from any contagious disease.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Signature



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## **QUESTIONNAIRE FOR VOLUNTEERS**

- 1. Why do you want to be a volunteer?**
  
- 2. How would you describe your tolerance for frustration?**
  
- 3. Have you had previous contact with the child welfare system or juvenile court?**
  
- 4. Do you currently have contact with children?**
  
- 5. What do you think of when you hear “child abuse”?**
  
- 6. What do you think of when you hear “sexual abuse”?**
  
- 7. How were you disciplined as a child?**
  
- 8. What do you want to get from the experience of volunteering?**
  
- 9. What do you think you would need from the program in order to do this job effectively?**

**Signature:** \_\_\_\_\_