community human services
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Volunteer Application

Personal Information

Full Name:_____

Phone: _____ Email Address: _____

Address: _____

City:_____ State: _____ Zip Code: _____

Are you at least 18 years of age? ◯ Yes ◯ No

*For those under the age of 18, parental permission is required.

Do you have a valid CA Driver's License: ◯ Yes ◯ No

Number: _____ Class: _____ Expiration Date: _____

You must provide a current DMV report with this application.

Position Information

Position Applied for: _____ Program: _____

Date Available to Start: _____ Number of hours: ____ Per: ◯ Week ◯ Month

Can you perform any or all of the jobs functions for the position which you are seeking, either with or without reasonable accommodation(s)? ◯ Yes ◯ No

If no, what can be done to accommodate your limitation? _____

_____

_____

Why do you wish to volunteer at Community Human Services?

Background

Have you been previously employeed by this agency? ◯ Yes ◯ No

If yes, list dates of employment, classification, department(s) and any former names, if appropriate.

_____

_____

Please list any relatives currently employed by this agency and their relationship to you:

_____

_____

References

Please list three professional or personal references.

Name: _____ Relationship: _____

Phone: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____

Phone: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____

Phone: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name: _____ Relationship: _____

Phone: _____ Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Conviction Record (Required From All Applicants)

Answer this section truthfully, including both minor and serious offenses of which you were convicted. **Any omission is grounds for rejection of the application, removal of name from the eligible list, or dismissal from the position.**

Have you ever been convicted of a breach or violation of any ordinance or law other than a minor traffic violation? ◯ Yes ◯ No

If yes, provide the information requested below for each conviction. Be specific, give name and code number of offense, not simply misdemeanor or felony. **Do not list arrests - only convictions.**

Offense: _____ Date: _____

Place: _____ Sentence/Fine: _____

I certify that the foregoing information and answers are true, complete, and correct. I understand that any misrepresentation or omission of material facts may result in rejection of the application, removal from the eligibility list, suspension, or dismissal.

1. I authorize Community Human Services (CHS) and its designated representatives to contact my references and, as appropriate to my volunteer assignment, verify information relevant to my application, including prior employment, education, credentials, volunteer service, and driving qualifications or record when relevant to the assignment.

2. I authorize the persons and organizations contacted to provide relevant information to CHS. To the fullest extent permitted by law, I release CHS and persons or organizations providing information in good faith from claims arising from the authorized disclosure, collection, or use of that information.

3. Some volunteer assignments may require additional background screening. Any required criminal background check, Live Scan, consumer report, or other background screening will be handled through the applicable authorization and disclosure process.

Signature: _____ Date: _____

If accepted as a CHS volunteer, you will be required to submit proof of identity.
Before beginning service, you will be fingerprinted and medically examined at CHS's expense.
Conviction records will be checked.

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Volunteer DMV Check Agreement

As a volunteer for COMMUNITY HUMAN SERVICES, I understand that the State requires a driver's license check. By signing this form, I am giving permission for this information to be disclosed to the agency.

Volunteer's Name: _____

Volunteer's Driver's License Number: _____

Volunteer's Date of Birth: _____

Volunteer's Signature: _____

Date: _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A4418
ORI (Code assigned by DOJ)

Employment Non-Profit/JPA 11105.3 PC
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Community Human Services
Agency Authorized to Receive Criminal Record Information

02446
Mail Code (five-digit code assigned by DOJ)

PO BOX 3076
Street Address or P.O. Box

Administrative Services Manager
Contact Name (mandatory for all school submissions)

Monterey
City

CA
State

93942
ZIP Code

(831) 658-3811
Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name: (AKA or Alias)

Last Name

First Name

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number 146413
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address
Street Address or P.O. Box

City

State

ZIP Code

I have received and read the included Privacy Notice, Privacy Act Statement, and Applicant's Privacy Rights.

Applicant Signature

Date

Your Number:
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☐ FBI
(If the Level of Service indicates FBI, the fingerprints will be used to check the criminal history record information of the FBI.)

If re-submission, list original ATI number:
(Must provide proof of rejection)
Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Street Address or P.O. Box

Telephone Number (optional)

City

State

ZIP Code

Mail Code (five digit code assigned by DOJ)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

APPLICANT LIVE SCAN SITES
MONTEREY COUNTY

Locations	Hours	Rolling Fees
Gonzales Police Department 109 4th Street Gonzales, CA 93926 (831) 675-5010	By Appt. Only	$30.00 + Government Fees
The Mail Box 177 Webster Street Monterey, CA 93940 (831) 238-9661	Mon-Fri: 9:00AM - 4:30PM	$28.00 + Government Fees
Monterey Live Scan 2555 Garden Rd. Suite C Monterey, CA 93940 (831) 646-0429	By Appt. Only	$25 + Government Fees
The UPS Store 1628 North Main Street Salinas, CA 93906 (831) 296-3621	Mon-Fri: 8:00AM - 6:30PM	$30.00 + Government Fees
The UPS Store 1320 S. Main St. Ste B, Salinas, CA 93901 (831) 256-7619	Mon-Fri: 8:00AM - 6:30PM	$25.00 + Government Fees
The Post Box 820 Park Row Salinas, CA 93901 (831) 757-7678	Please call ahead for hours of operation.	$25.00 + Government Fees

If the locations listed do not fit your needs, you may reach out to your local UPS office to see if the offer Live Scan Fingerprinting.

SAVE YOUR RECEIPT!
CHS will reimburse your actual cost with an original receipt.

Disclaimer:
Please be aware that the various agencies have a tendency to fluctuate their fees! Agency fee fluctuations are not under the control of CHS and it is your responsibility to verify prices prior to receiving fingerprinting.