



Resilient Youth
Strong Families
Community Partners
Self-Reliance

Volunteer Application Form

Please submit this completed form with your resume attached

FIRST NAME:

LAST NAME:

EMAIL:

PHONE NUMBER:

STREET ADDRESS:

CITY:

STATE:

ZIP:

TODAY'S DATE:

BIRTHDAY:

EMERGENCY CONTACT:

PHONE NUMBER:

DO YOU HAVE
HEALTH
INSURANCE?

YES
NO

Note: Volunteers have limited coverage under Lifeline's Worker's Compensation Insurance.

HAVE YOU EVER
BEEN CONVICTED
OF A CRIMINAL
OFFENSE?

YES
NO

If yes, when and what type?

Note: Marking "YES" does not automatically disqualify you from volunteering; interview will be necessary to move forward.

HAVE YOU EVER
BEEN A CLIENT OF
NORTH COUNTY
LIFELINE?

YES
NO

If yes, when and what program?

Note: Volunteers must have ended services at least 3 years before volunteering.

CURRENT OCCUPATION/
EMPLOYER:

FULL TIME?

YES NO

How did you hear about this volunteer opportunity?

Please tell us a little about yourself and why you're interested in volunteering
(please include past volunteer experience and relevant skills):

References

(1)	First Name	Last Name
	Phone	Email
(2)	First Name	Last Name
	Phone	Email
(3)	First Name	Last Name
	Phone	Email

Please list the volunteer opportunities that interest you, in order of preference.

Note: Opportunities are available on volunteermatch.com and nclifeline.org

#1

#2

#3

List the hours you are available to work each day:

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

From:

To:

Note: Saturdays are reserved ONLY for one-time projects, as scheduling permits.

TERMS AND AGREEMENTS: *Please read carefully.*

I understand that this is an application for and not a commitment or promise of a volunteer/intern opportunity.

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer/intern position, and in interviews with North County Lifeline that is true, correct, and complete to the best of my knowledge.

I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer/intern position.

I understand that information contained on my application will be verified by North County Lifeline.

I understand that a background check through FBI & DOJ and DRUG & TB test will be run before I begin my volunteer/intern service with North County Lifeline.

I understand that misrepresentations or omissions may be cause for immediate rejection as an applicant for a position with North County Lifeline or my termination as a volunteer/intern.

Name/Signature:

Please return this completed form to:
North County Lifeline
Volunteer Coordinator
200 Michigan Ave
Vista, CA 92084

EMAIL: volunteer@nclifeline.org