

Personal Data	Full Legal Name _____								
	Present Address _____		First	Middle		Last		Phone _____	
	Permanent Address _____		Street	City	State	Zip	Phone _____		Area Number
	Email Address _____		Street	City	State	Zip	Daytime Phone _____		Area Number
	Social Security Number _____ - _____ - _____		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Are you a U.S. citizen or national, permanent resident, a refugee, an asylee, or authorized to work under the amnesty provisions of U.S. immigration law? <input type="checkbox"/> Yes <input type="checkbox"/> No									

Licensure	Professional License/Certification	Expiration Date	State	Number
	If no current California licensure/certification, please check appropriate boxes below:			
	<input type="checkbox"/> New Graduate Permit applied for: State _____ Date _____ <input type="checkbox"/> Other (please explain): _____ Have you ever had any action taken against your Certification/License? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____			

Education	Name of School	City/State	Major/Degree	Graduated
	Last High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Vocational School			<input type="checkbox"/> Yes <input type="checkbox"/> No
	College / University			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Additional Education			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please fill out completely with most recently held positions listed first. Do not omit unrelated work experience. You may attach an additional page if you have more relevant work history. **Resumes are accepted but are not a substitute for this section.**

Employment History	Most Recent Employer		Address		Work Performed
	Telephone Number ()	From: To:	City	State Zip	
	Supervisor's Name	Reason for Leaving			
	Job Title				
	Previous Employer		Address		Work Performed
	Telephone Number ()	From: To:	City	State Zip	
	Supervisor's Name	Reason for Leaving			
	Job Title				

Have you ever been convicted of a crime (excluding parking and petty misdemeanor traffic tickets)? *Conviction doesn't necessarily bar you from volunteering.* Yes No
 If Yes, describe in full: _____

PLEASE READ CAREFULLY AND SIGN BELOW

I understand this application may be shared with any HOPE Medivan/Dental Van affiliated entity. I hereby authorize investigation of all statements contained in this application. I release The House Modesto and Nineveh Outreach from any and all liability resulting from such investigation. I certify the information provided in this Volunteer Application is true and complete to the best of my knowledge. I have read and understand the statements in the paragraphs above. By signing here, I am also verifying information on my resume.

DATE: _____ APPLICANT'S SIGNATURE _____

FOR OFFICIAL USE (DO NOT WRITE BELOW THIS BOX)	
Primary Source Verification	Secondary Source Verification
Current License/Cert	Identification
Education/Training	DEA (as applicable)
Experience	Hep B PPD Tdap
Health Fitness	BLS / CPR
Clinical Skill Verification	Orientation Checklist
	Added to FTCA
Administrator Signature: _____	Date: _____