



Pinoleville Pomo Nation
 N.A.Y.A. Partnership Program
 500 B Pinoleville Dr
 Ukiah, CA 95482



Date of Application: _____

1. VOLUNTEER INFORMATION

Name: _____ Gender: _____

Address: _____

City: _____ Zip: _____

Home Phone: (____) _____ Business Phone: (____) _____

Fax/Cell Phone: (____) _____ Email address: _____

Age (Optional): _____ Date of Birth (Optional): _____

Ethnic Background (Optional): _____

2. EDUCATION

High School: _____ City/State: _____

Dates Attended: _____ to _____ Graduated? _____

Post-High School:

School	Major	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____

School	Major	Dates Attended	Degree
_____	_____	_____	_____

3. MILITARY SERVICE

Branch	Dates	Type of Discharge
_____	_____	_____
_____	_____	_____





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4. EMPLOYMENT

➤ **Present Occupation:** _____ Dates: _____ to _____

Work Days and Hours: _____

Employer: _____

Address: _____

Phone: (_____) _____ Ext. _____ Name of Supervisor: _____

May we call you at work? _____ If not, why? _____

This agency may be contacting your employer as a reference.

Is there any reason that you would not want us to contact your employer? Y/N

If yes, please explain.

5. ANTICIPATED FUTURE CHANGES

Do you know or have any reasonable expectation of any future change in your family status, vocation, or residence? _____

If yes, please explain. _____

6. PREVIOUS APPLICATION

Have you ever previously applied to be a volunteer with this agency? _____

If yes, please explain. _____

It is the policy of this agency to not accept applications from candidates who have previously applied to and not been accepted by this agency.





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7. MEDICAL HISTORY

Within the last 3 years have you had problems with the use of alcohol or drugs? _____

If yes, please explain. _____

8. TRANSPORTATION

The Arbor Native American Partnership Program requires a volunteer who is planning on transporting youth to have a valid driver's license and proof of automobile insurance and a DMV printout.

Are you a licensed driver? Y/N

If yes, do you have your own transportation? _____

Do you carry liability insurance? Y/N

9. REFERENCES

List 4 references, including **1 relative**, **1 professional**, and **2 personal/friends** you have known for at least 2 years.

1. Name: _____ Relationship: _____

City: _____ State: _____

Primary Phone (____) _____ Cell Business Home

Secondary Phone (____) _____ Cell Business Home

2. Name: _____ Relationship: _____

City, State: _____

Primary Phone (____) _____ Cell Business Home

Secondary Phone (____) _____ Cell Business Home





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3. Name: _____ Relationship: _____

City: _____ State: _____

Primary Phone (____) _____ Cell Business Home

Secondary Phone (____) _____ Cell Business Home

4. Name: _____ Relationship: _____

City: _____ State: _____

Primary Phone (____) _____ Cell Business Home

Secondary Phone (____) _____ Cell Business Home

10. EMERGENCY CONTACT

In Case of emergency, please Notify

1) Name: _____ Relationship: _____ Phone: _____

11. LEGAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanors or felony charges pending against you? Yes ___ No ___ (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. The volunteer position requires a background check. You will be provided with a separate criminal background check authorization form).

If yes, please explain. _____

Offense	Date	Action
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PLEASE READ BEFORE SIGNING

The Arbor Native American Youth & Adult Partnership Program does not discriminate against individuals on the basis of race, color, national or ethnic origin, sex, age, religion, disability, veteran status, sexual orientation, gender identity, or economic status.

I hereby apply for membership as a volunteer in The Arbor Native American Youth & Adult Partnership Program. I understand The Arbor Native American Youth & Adult Partnership Program will interview me about my background, motivation, expectations, and other personal qualities that might have a bearing on whether I would be an appropriate volunteer. I agree to supply The Arbor Native American Youth & Adult Partnership Program with a copy of my driving record from the DMV and with proof of automobile insurance. I further agree to submit my information to The Arbor Native American Youth & Adult Partnership Program so that they can conduct a background check, which may include state- and federal-level fingerprint-based searches, the Sexual Offender Registry, and other pertinent Internet searches. I understand that The Arbor Native American Youth & Adult Partnership Program will review references and investigate any and all facts concerning my qualifications for becoming a volunteer. I certify that all of the information provided by me in this application is complete, true, and accurate. I acknowledge that intentional omission or falsification of information will be cause for non-acceptance or immediate dismissal at any time during the period of my placement.

I understand that the agency has to take the best interests of the children into consideration first. Further, I understand that (1) I am not obligated, if called upon, to perform the volunteer services applied for, and (2) The Arbor Native American Youth & Adult Partnership Program is not obligated to assign or to actively seek to assign me to a volunteer position.

I understand that the statements I make to the staff of the agency will be held confidential within the agency, unless disclosure is required by law. Specifically, I understand that incidents of child abuse or molest, past or present, or threat of harm to oneself or others are issues that must be reported to proper authorities.

I understand that certain information about me will be discussed with the parent/guardian of the child with whom I am matched. If there are things about me that I do not want repeated, it is my responsibility to discuss this with The Arbor Native American Youth & Adult Partnership Program Coordinator.

I agree to keep information discussed with me regarding a potential match confidential. I will not discuss this information with any person other than the assigned professional staff of The Arbor Native American Youth & Adult Partnership Program.

I understand that my application will not be considered unless it is complete and signed and until the required supplemental information is submitted and completed.

I understand that all information submitted, collected, and reviewed for the process of being considered a volunteer is confidential and the property of the Arbor Native American Youth & Adult Partnership Program.





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I agree to notify The Arbor Native American Youth & Adult Partnership Program immediately of any changes in the information provided in the application process, including, but not limited to, legal status, driving record, employment, address, telephone numbers, name, or marital status. I also agree to maintain automobile insurance during my tenure with The Arbor Native American Youth & Adult Partnership Program.

This application and any additional information gathered will remain the property of The Arbor Native American Youth & Adult Partnership Program.

Yes, I authorize The Arbor Native American Youth & Adult Partnership Program to use and release any general information and/or photographs acquired by the agency in the context of my association with them for publicity or promotional purposes.

No, I do not authorize The Arbor Native American Youth & Adult Partnership Program to use and release any general information and/or photographs acquired by the agency in the context of my association with them for publicity or promotional purposes.

Signature: _____ Date: _____

Printed Name of Applicant: _____

