



Children's Health Council

### Volunteer Application

Complete, scan and email to [volunteerinterns@chonline.org](mailto:volunteerinterns@chonline.org) along with cover letter and resume.

DATE \_\_\_\_\_

#### PERSONAL INFORMATION

Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Birth Date Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

#### VOLUNTEER EXPERIENCE

Organization	Phone	Position/Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### RELEVANT PAID EXPERIENCE

Organization	Phone	Position/Duties
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

#### PERSONAL REFERENCES (list three who are not related to you)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**HOW WERE YOU REFERRED TO CHC?** (i.e., friend, volunteer organization, etc., and contact information)

---

**SPECIAL INTERESTS, SKILLS AND HOBBIES** (i.e., languages, handicrafts, computer skills, etc.)

---

---

---

Any Credentials? Licenses? \_\_\_\_\_

Are you currently a Member of the CHC Auxiliary?	Yes	No
I would like information about joining CHC Auxiliary	Yes	No

**WHY DO YOU WISH TO VOLUNTEER AT CHC? :**

---

---

---

---

**WHAT TYPE OF VOLUNTEER POSITIONS ARE YOU INTERESTED IN?**

---

---

---

**DATE AVAILABLE TO BEGIN:** \_\_\_\_\_

*I hereby certify that answers given herein are true and complete to the best of my knowledge. I authorize inquiries as may be necessary of my references, and release Children's Health Council, Inc. from all liability in responding to such inquiries. I understand that I am required to abide by all rules and regulations of Children's Health Council, Inc. including those regarding patient and donor confidentiality.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Children's Health Council**

Specializing in ADHD, LD, Anxiety & Depression, Autism  
Helping kids discover promise & potential  
650 Clark Way, Palo Alto, CA 94304 | 650.326.5530  
[www.chconline.org](http://www.chconline.org)