



Volunteer Application

Please complete this application form. Thank you for your interest in volunteering with us.

Contact Information

Name						
Street Address						
City		State		ZIP Code		
Home Phone						
Cell Phone						
Work Phone				Birthdate (optional):		
E-Mail Address				AVC Alumni: __ Y __ N	Year:	

Availability

During which hours are you available for volunteer assignments?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
___ morning	___ morning	___ morning	___ morning	___ morning	___ morning	___ morning
___ afternoon	___ afternoon	___ afternoon	___ afternoon	___ afternoon	___ afternoon	___ afternoon
___ evening	___ evening	___ evening	___ evening	___ evening	___ evening	___ evening

Interests

Tell us in which areas you are interested in volunteering:

- | | |
|---|---|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Outreach / Campus Tours |
| <input type="checkbox"/> Advancement & Foundation | <input type="checkbox"/> Performing Arts Theatre Usher |
| <input type="checkbox"/> Art Gallery | <input type="checkbox"/> Phone bank |
| <input type="checkbox"/> Athletic Events | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> CDC | <input type="checkbox"/> Student Development/Activities |
| <input type="checkbox"/> Events | <input type="checkbox"/> Volunteer coordination |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Newsletter production | _____ |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. Please attach a resume if applicable.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City, State, ZIP Code	
Home Phone	
Cell Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. In compliance with Administrative Policy 7500 (available in the Human Resources office), I recognize that my confirmation as a volunteer will not be complete until after completion of fingerprinting (Live Scan, if needed), TB test (if needed), orientation training and approval by the Board of Trustees. If I am an employee of the district, I understand that I am participating in this program as a volunteer citizen and not as an employee of the district. I consent to emergency medical attention in the event that I am unable to give my consent.

Name (printed)	
Signature	
Date	

Our Policy

Antelope Valley College prohibits discrimination and harassment based on sex, gender, race, color, religion, national origin or ancestry, age, disability, marital status, sexual orientation, cancer-related medical condition, or genetic predisposition. Upon request, we will consider reasonable accommodation to permit individuals with protected disabilities to (a) complete the employment or admission process, (b) perform essential job functions, (c) enjoy benefits and privileges of similarly-situated individuals without disabilities, and (d) participate in instruction, programs, services, activities, or events.

Please send this form to the AVC Advancement and Foundation Office, 3041 West Avenue K, Lancaster, CA 93536-5426, foundation@avc.edu or fax to 661-722-6550. Thank you.