



VOLUNTEER APPLICATION

Mail Completed application to : Asian Pacific Health Care Venture, Inc.
 Attn: Human Resources Manager
 4216 Fountain Ave.

Or email to : hrresume@aphcv.org
 Los Angeles, CA 90029

Please include a resume of your previous work experience, paid and volunteer.

PLEASE PRINT

Last Name		First Name		M.I.	Date
Street Address			City	State	Zip Code
Home Phone (____)			Work Phone (____)		
Do you have access to a car? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Can we call you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Occupation			Number of hours/week		
Best time and place to be reached				Social Security No.	

IN CASE OF EMERGENCY:

Person to Contact		Relationship to you	
Address		Phone Number (____)	

Dates Available		Starting:			Ending:		
Day of Week	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Hours you are available							

EDUCATION	SCHOOL NAME	MAJOR	DEGREE	HAVE YOU GRADUATED?
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
Post Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No

SKILLS/EXPERIENCE/HOBBIES/SPECIAL TALENTS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Computers | <input type="checkbox"/> Typing WPM: _____ | <input type="checkbox"/> Research |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Fund raising | <input type="checkbox"/> EMR (Electronic Medical Record) |
| <input type="checkbox"/> Public Speaking/ Teaching | <input type="checkbox"/> Translation | <input type="checkbox"/> Other: _____ |

LANGUAGES:

Spoken: _____ Written: _____ Read: _____

DO YOU HOLD A LICENSE/CERTIFICATION IN ANY OCCUPATIONAL FIELD?

Yes No

If Yes, please attach a copy

If yes, what type? _____

License #: _____

Type: _____

License #: _____

Depending on position, we may require you for Department of Justice (DOJ) background check and health clearance screening. APHCV will be responsible for payment but would you be willing to undergo the screenings?

Yes No

HOW DID YOU HEAR ABOUT APHCV'S VOLUNTEER PROGRAM?

Friend/Relative

Flyer

Website

Teacher

Magazine/News Paper

Other: _____

IN WHICH AREA(S) ARE YOU INTERESTED?

Please number your top three choices (1 for 1st, 2 for 2nd choice, etc.)

- _____ Health Education
- _____ Clinic Support
- _____ Outreach and Marketing
- _____ Patient Services
- _____ Human Resources
- _____ Facility Development
- _____ Information Technology
- _____ Fund Development
- _____ Administration and Strategic Planning
- _____ Financial and Billing

IN WHICH SITE(S) WOULD YOU BE INTERESTED TO REPORT TO?

_____ Los Feliz Health Center
1530 Hillhurst Ave.
Los Angeles, CA 90027-5701

_____ Belmont Health Center
180 Union Place
Los Angeles, CA 90026-5701

_____ John Marshall High School Health Center
3939 Tracy Street
Los Angeles, CA 90027-3207

_____ El Monte-Rosemead Health Center
9960 Baldwin Place,
El Monte, CA 91731-2204

_____ Administrative Office
4216 Fountain Avenue
Los Angeles, CA 90029-2256

_____ It doesn't matter, I'm open to any site location

If you are under 18 years old, a parent/guardian's signature is required.

_____ Date: ____/____/____
Parent/Guardian's Signature

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for an internship or volunteer work and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or any document used to secure placement shall be grounds for rejection of this application or for immediate discharge, regardless of the time elapsed before discovery.

_____ Date: ____/____/____
Applicant's Signature

VOLUNTEER SUPPLEMENTARY INFORMATION:

- 1. What program(s) are you interested in volunteering with?**

- 2. What skills can you bring to the program(s)?**

- 3. How will your participation assist you in your career?**