

**Advocate Application**

| **Contact Information** | |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State, Zip Code |  |
| Cell or Home Phone |  |
| Email Address |  |
| Date of Birth |  |

| **Employment** |
| --- |
| Are you currently employed?  Yes  No |
| Company: |

| **Education** |
| --- |
| Community College (Name of School): |
| Bachelor’s Degree (Name of School and Degree Type): |
| Master’s Degree (Name of School):  enrolled in  graduate from |

| **Availability** | | | | |
| --- | --- | --- | --- | --- |
| During which days/times are you available to volunteer? | | | | |
| Monday | Hours: | Saturday | Hours: | |
| Tuesday | Hours: | Sunday | Hours: | |
| Wednesday | Hours: | **Are you available for Special Event Volunteering?** | | |
| Thursday | Hours: | Yes | | No |
| Friday | Hours: |

| **Language Skills** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| What language(s) **other than English** do you speak/write? | | | | | | | |
| SPOKEN: | Fluent | Proficient | Minimal | WRITTEN: | Fluent | Proficient | Minimal |
| 3rd language: | | | | | | | |
| SPOKEN: | Fluent | Proficient | Minimal | WRITTEN: | Fluent | Proficient | Minimal |

| **Training Options** | | |
| --- | --- | --- |
| Please select the training you’d like to be considered for | | |
| Jan/Feb | May/June | Sept/Oct |
| **Please note we require a minimum commitment of 1 year.** | | |

| **Advocate Statistics** |
| --- |
| 1. Are you taking this training and volunteering as part of a specific class/course?  Yes  No   If yes, please provide the course/class name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Are you taking this training and volunteering as part of (check all that apply):   Educational/Professional goal  To pursue a Bachelor’s degree  To pursue an MFT  To pursue an MSW  Major  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Are you intending to further your education at CSUN?  Yes  No |
| 1. How did you hear about us? (Check one)   Flyer posting at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail from school professor or department (which professor or department?): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  School course (please list the school, name of professor, course number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **Other Related Questions** |
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| 1. Do you have or are you a party to any civil or criminal proceedings involving the Department of Children and Family Services, Los Angeles or District Attorney, Los Angeles Sheriff Department and or the Los Angeles Police Department?  Yes  No   If yes, please provide date(s) and details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Have you been convicted of an offense other than a minor traffic violation?  Yes  No   If yes, please provide date(s) and details:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Note:** Answering “yes” to the above question does not constitute an automatic barrier to volunteer. Factors such as date of the offense, seriousness and nature to the violation, and rehabilitation will be taken into account. |

| **Additional Information** |
| --- |
| As an ongoing & committed volunteer for Strength United, you will be asked to comply with a Code of Confidentiality, and will be asked to undergo Finger Imaging Live Scan upon beginning this volunteer position. Are you comfortable with these requirements?  Yes  No  If No, please describe your concerns:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **Demographics (Optional)** | | |
| --- | --- | --- |
| What is your Ethnicity? Check all that apply: | | |
|  | African American/Black  Asian/Pacific Islander  White (non-Hispanic) | Hispanic/Latino  Native American  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

| **1st Professional Reference** | |
| --- | --- |
| Please provide the name and phone number of one individual who we can contact for a reference. | |
| Name |  |
| Home, Work, or Cell Phone |  |
| Relationship to you |  |
| **2nd Professional Reference** | |
| Please provide the name and phone number of one individual who we can contact for a reference. | |
| Name |  |
| Home, Work, or Cell Phone |  |
| Relationship to you |  |

| **Person to Notify in Case of Emergency** | |
| --- | --- |
| Name |  |
| Street Address |  |
| City, State, ZIP Code |  |
| Phone |  |
| Relationship to you |  |

| **Strength United T-Shirt Size** | | | | |
| --- | --- | --- | --- | --- |
| Extra Small | Small | Medium | Large | Extra Large |

| **Equal Opportunities Policy and Reasonable Accommodation** |
| --- |
| Strength United provides equal volunteer opportunities without regard to the fact or perception of a person’s race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, physical disability, mental disability, medical condition, Acquired Immune Deficiency or AIDS/ HIV status, immigration status, association with members of such protected classes, or in retaliation for opposition to discrimination against such classes, except where discrimination is *legally* permitted, such as for bona fide occupational requirements or disqualifications.  Strength United shall make reasonable accommodation of the known religious creed, protected physical or mental disability or medical condition of a volunteer when it will not impose an undue hardship on Strength United or jeopardize the safety of the staff member or others. Volunteers’ requests for an accommodation should be made to the Volunteer Program Coordinator. |

| **Agreement and Signature** | |
| --- | --- |
| Strength United relies on the statements in this application to appropriately place volunteers in positions for the benefit of our clients and staff. Inaccurate or incomplete information may adversely affect the quality of service we are able to deliver with the generous assistance of our volunteers. By signing and submitting this application, you acknowledge that the facts stated are true and correct, and that any false statements, omissions or other misrepresentations may result in your reassignment to another volunteer position or dismissal from the volunteer program. | |
| Name (printed) |  |
| Signature |  |
| Date |  |

**Thank you for taking the time to complete this application. Please attach a copy of your resume and email both items to:** [**internship@strengthunited.org**](mailto:internship@strengthunited.org)

**Please note that if accepted, there is a mandatory 60-hour training with $175 fee due at the time of training.**