



Genki HomeCare

VOLUNTEER APPLICATION

1260 Third Ave., Chula Vista, CA 91911
Phone (858) 699-7020 • Fax (619) 498-3989
E-mail: info@genkihomecare.org
Web: www.genkihomecare.org

Name: _____

Address: _____

Home Phone: _____, Cell Phone: _____, Email: _____

Preferred Contact Method (Check all that apply): Home Phone , Cell Phone , Email

Are you planning to volunteer for 1 year or more? Yes No
Would you consent to background check? Yes No
Are you at least 18 years old? Yes No

Do you have any family member(s) and/ or relative(s) who volunteer for Genki HomeCare? Yes No
If yes, name(s) _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Home/cell Phone: _____ Work phone: _____

REFERRAL:

How did you know about us?
Heard from a Genki member : name of the member _____,
Heard from a Kiku Gardens related member : name of the member _____,
Our Web , Ads name of the media _____, Other _____

LANGUAGES:

In what language(s) are you fluent? _____

COMPUTER SKILL:

▪ Microsoft Office: Word Excel Access PowerPoint
▪ Apple Mac ▪ Others _____

EDUCATION:

High School: _____
Name & Location Graduation Date Major/Degree

College: _____
Name & Location Graduation Date Major/Degree

Grad/Professional School: _____
Name & Location Graduation Date Major/Degree

EMPLOYMENT OR VOLUNTEER EXPERIENCE (Please list from the most recent one):

1. Employment or Volunteer : Name: _____

Address: _____

Start Date: _____ End Date: _____

Job Title (if employment): _____

Duties: _____

Supervisor: _____ Phone: _____

May we contact? Yes No

2. Employment or Volunteer : Name: _____

Address: _____

Start Date: _____ End Date: _____

Job Title (if employment): _____

Duties: _____

Supervisor: _____ Phone: _____

May we contact? Yes No

PERSONAL REFERENCES:

List two references, not related to you, who may be contacted

1. Name: _____

Relationship: _____

Known for how many years: _____ Phone: _____

2. Name: _____

Relationship: _____

Known for how many years: _____ Phone: _____

I certify that the statements made in this application are true and correct, and have been given voluntarily.

Signature: _____

Date: _____