



Community Development Commission

Office of Community and Educational Partnerships

2 Coral Circle, Monterey Park, CA 91755
(323) 838-7710; partners@lacdc.org, www.lacdc.org

VOLUNTEER / INTERN APPLICATION

FOR OFFICE USE ONLY

Placement Site: _____ Today's Date: _____
Program Assignment: _____ Site Supervisor: _____
Dates Available: From: _____ To: _____
Days: _____ Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____ Sat _____
Times: _____

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell/Alternate Phone: _____
Email Address: _____
Social Security Number: _____ Date of Birth: _____
Driver's License: _____ State: _____ Sex Female Male

Educational Information

School: _____ Class Level: _____
Field of Study: _____ Anticipated Graduation: _____

Service Learning/Volunteer/Internship information

Instructor: _____ Course: _____
Type of Service Required by Course/Instructor: _____
Hours of Service Required: _____
Student's Specific Area of Interest (if known): _____

Additional Skills/Abilities: _____

Are you proficient in other languages? Speaking _____
Reading _____ Writing _____

Certificates or Licenses: _____

Supplemental Data

Have you ever been, or are you currently, employed by the CDC? Yes No
Are you related to any present employee on the Commission? Yes No
Are you currently a housing resident, Section 8 participant, or on a waitlist? Yes No
Do you have any physical limitations that would present you from performing your
volunteer/internship assignment? Yes No
If "Yes", what type of reasonable accommodations would you need? _____



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Authorization To Conduct Criminal Background Investigation

I, the undersigned, do hereby authorize the release of criminal history information pursuant to Section 11105.03 of the Penal Code and 42USC1437 of the Federal Law to the Los Angeles County Sheriff's Department and/or Housing Authority of the County of Los Angeles. The use of this information is limited to the screening of prospective volunteers to the Housing Authority of the County of Los Angeles. The information provided must be destroyed no more than 30 days after a final decision is made.

Applicant Signature: _____ Date: _____

Requested By (CDC Rep): _____ Date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell / Alternate: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____

CA Driver's License or ID Number: _____

Sex: Female Male Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Have you been licensed to drive in another state? Yes No

If yes, which state _____ When? _____

Have you ever been known by another name? Yes No

If yes, list all other names (Also Known As – A.K.A.): A.K.A.: _____

A.K.A.: _____ A.K.A.: _____

Have you ever been convicted of any crime, other than a traffic offense? Yes No

If "Yes", please explain: _____

Have you ever been arrested or are awaiting adjudication of any criminal charges?

Yes No If "Yes", please explain: _____

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this supplemental questionnaire as may be necessary in arriving at an employment or volunteer placement decision. In the event of employment or volunteer placement, I understand that false or misleading information given in my application or interview(s) may result in discharge or release from employment or volunteer duties. I understand, also, that I am required to abide by all rules and regulations of the Community Development Commission of the County of Los Angeles.

Please Do Not Write Below This Line

Check Completed – OK
No Correspondence

Check Completed
See Attached Correspondence

Name Check Positive
Submit FP Card to FBI

Fingerprinted: _____ / _____ / _____

FP Card Submitted: _____ / _____ / _____

FBI Report Received: _____ / _____ / _____

Reviewed By: _____ Date: _____ / _____ / _____