

**SSA COMMUNITY AMBASSADOR APPLICATION**

Unless otherwise specified, a Community Ambassador:

- is age 18 or older,
- is not a current SSA client receiving cash benefits, and
- is not a current employee of the County of Alameda or Social Services Agency.

*Some positions may have minimum education or age requirements.*

**PERSONAL INFORMATION**

Mr. / Mrs. \_\_\_\_\_  
 Miss / Ms. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Best time for you to be reached: \_\_\_\_\_  
 Driver License #., if any: \_\_\_\_\_  
 Medical, Hospital, or Other Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

In case of emergency, notify:

Name 1: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name 2: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Why do you want to be a Community Ambassador at the Social Services Agency (SSA)?

- |  |   |
|--|---|
| <input type="checkbox"/> Improve my community            | <input type="checkbox"/> Personal fulfillment     |
| <input type="checkbox"/> Explore career possibilities    | <input type="checkbox"/> Learn new skills         |
| <input type="checkbox"/> Share my knowledge              | <input type="checkbox"/> Passionate about a cause |
| <input type="checkbox"/> Fulfill community service hours |   |
| <input type="checkbox"/> Other – please specify: _____   |   |
- \_\_\_\_\_
- \_\_\_\_\_

How did you hear about our Community Ambassadors Program?

- |  |   |
|--|---|
| <input type="checkbox"/> SSA website                 | <input type="checkbox"/> SSA employee                 |
| <input type="checkbox"/> SSA's Facebook page         | <input type="checkbox"/> Friend                       |
| <input type="checkbox"/> County of Alameda website   | <input type="checkbox"/> Other community organization |
| <input type="checkbox"/> Public service announcement | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Internet / Other website    |   |

Are there any work activities or conditions you must avoid?  No  Yes

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a crime?  No  Yes

If yes, explain where, when, and disposition of case: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION AND EXPERIENCE**

Have you volunteered before with an organization?  Yes  No

If yes, Where: \_\_\_\_\_ When: \_\_\_\_\_

Your role: \_\_\_\_\_

Highest grade of school completed or in progress:  10  11  12  College: \_\_\_\_\_

Name of School / College: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

If you are currently a student, please check one:  Full-time student  Part-time student

**Current Employment Status**

- Employed full-time  Temporarily unemployed  Homemaker
- Employed part-time  Looking for work  Retired

My  current  previous employer is/was: Employer name: \_\_\_\_\_

Dates employed: \_\_\_\_\_ Job title: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

Language Proficiency (other than English):  Spoken: \_\_\_\_\_  Written: \_\_\_\_\_

Please share any special skills or interests, including computer skills: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AREAS OF INTEREST AND PLACEMENT PREFERENCES**

I am available to participate as a Community Ambassador at the following locations:

- Hayward  North Oakland  East Oakland
- Fremont  Livermore  All locations

\*\*\*Opportunities may not be available at all locations.

I am interested I the following types of assignments:

- Holiday or event-based  Youth services
- Community outreach  Elderly services

Waiting room services

Other (please describe): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any particular skills that you hope to develop or improve as a result of being a Community Ambassador?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AVAILABILITY**

Duration of assignments that I'm interested in (check all that apply):

- One-time or event specific
- Regular: 1-3 months
- Regular: 4-6 months
- Ongoing: 6+ months

I am available for \_\_\_\_\_ # of hours:

- One-time only
- Once or more each week
- Once per month
- Twice or more each month
- Other: \_\_\_\_\_

If you have to complete a set number of hours, please specify:

Total hours to be completed: \_\_\_\_\_ Deadline for completion: \_\_\_\_\_

Would you be willing to be "on-call" for special events or assignments?

YES  NO

Do you have transportation to and from your Community Ambassador assignment?

YES  NO

Please mark an X in the time periods when you are available to participate. If you are available only during certain times, please specify your availability (e.g. 1-3pm)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM (8:30-12:00)							
PM (12:00-5:00)							
Evening (after 5:00)							

**REFERENCES**

Please list **3** adults (not related to you) who are familiar with your character, previous volunteer work / employment, and/or schoolwork.

*\*\*Depending on the type of assignment, letters of reference may be required.*

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Name 3: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Please initial:

1. \_\_\_ I understand the Alameda County Social Services Agency (SSA) Community Ambassadors Program requires that I complete a written application, a fingerprint background investigation, and provide contact information of (3) non-relative references. I understand, depending on the placement's requirements, I may be required to complete a phone or in-person interview and undergo additional health or background screening.
2. \_\_\_ I realize that additional information may be required and that all information will be held in confidence. All materials submitted become property of the SSA Community Ambassadors Program and will not be returned.
3. \_\_\_ I understand that each Community Ambassador candidate will have a background check which will include a review of the candidate's criminal history. A criminal history will not necessarily disqualify a candidate from placement; however, additional information may be requested to determine the suitability of the placement. Each case will be given individual consideration, based on job-relatedness. Reference checks will be conducted by the Community Ambassadors Program Coordinator. Results of this process may, in some instances, be cause for disqualification from participation in the program.
4. \_\_\_ I understand any applicant found to have been convicted of, or have pending unresolved charges for welfare fraud, a violent, child-related, or sexual-related felony or misdemeanor or related acts that would pose risks to the clients of SSA and/or the Program's credibility, will not be accepted as an SSA volunteer.
5. \_\_\_ Upon submission of this application, I agree to comply with all rules, statutes, confidentiality laws, and Program Policies and Procedures of the County of Alameda and Social Services Agency.
6. \_\_\_ I hereby certify that all statements made in this application and any additional supporting documents are true and I authorize investigations of all matters contained in the application material. I agree and understand any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights while volunteering with the County of Alameda. I agree to furnish such proof of age, citizenship, licenses and education as may be requested.
7. \_\_\_ I understand that my application does not ensure acceptance into the SSA Community Ambassadors Program. I also understand that the SSA Community Ambassadors Program reserves the right to disqualify any applicant who would not be a good match for the volunteer position. I understand that the SSA Community Ambassadors Program reserves the right to terminate the service of a volunteer for any reason and is not obligated to disclose reasons or sources for any decision regarding acceptance or non-acceptance into the Program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If Applicant is a minor*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_