

# Kennedy Austin Foundation

2040 North Garey Avenue, Pomona, California 91767, United States  
Office Ph. 909-808-6866 | Email: admin@kennedyaustinfoudation.com

## Volunteer Application Form

Thank you for your interest in volunteering with the Kennedy Austin Foundation. Your support helps us provide comfort, support, and resources to families experiencing the loss of a loved one.

### Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Primary): \_\_\_\_\_ Phone (Alt): \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Are you 18 years of age or older? ☐ Yes ☐ No

### Availability

Which days are you available to volunteer? (Check all that apply) ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

What time(s) are you available? (Check all that apply) ☐ Mornings (8am-12pm) ☐ Afternoons (12pm-5pm) ☐ Evenings (5pm-9pm)

How many hours per week would you like to volunteer? \_\_\_\_\_

Are you available for special events that may occur outside regular hours? ☐ Yes ☐ No

### Skills & Interests

Please select areas you're interested in volunteering: (Check all that apply) ☐ Administrative Support ☐ Event Planning ☐ Fundraising ☐ Grief Counseling Support ☐ Community Outreach ☐ Marketing/Social Media ☐ Workshop Facilitation ☐ Grant Writing ☐ IT/Website Support ☐ Other: \_\_\_\_\_

2040 North Garey Avenue, Pomona, California 91767, United States  
Office Ph. 909-808-6866 | Email: admin@kennedyaustinfoudation.com

# Kennedy Austin Foundation

2040 North Garey Avenue, Pomona, California 91767, United States  
Office Ph. 909-808-6866 | Email: admin@kennedyaustinfoudation.com

Please list any languages you speak fluently (other than English):

---

Do you have any professional certifications or training relevant to our work?

---

---

Why are you interested in volunteering with the Kennedy Austin Foundation?

---

---

---

## Experience

Have you volunteered before? ☐ Yes ☐ No

If yes, please list organizations and roles:

---

---

Do you have experience with grief support or counseling? ☐ Yes ☐ No

If yes, please explain:

---

---

Do you have personal experience with loss that motivates your interest? (optional)

---

---

## Background Check Information

The Kennedy Austin Foundation requires background checks for volunteers who will work directly with families or vulnerable individuals.

Are you willing to submit to a background check if requested? ☐ Yes ☐ No

2040 North Garey Avenue, Pomona, California 91767, United States  
Office Ph. 909-808-6866 | Email: admin@kennedyaustinfoudation.com

# Kennedy Austin Foundation

2040 North Garey Avenue, Pomona, California 91767, United States  
Office Ph. 909-808-6866 | Email: admin@kennedyaustinfoudation.com

## References

Please provide two references (non-family members):

Reference 1 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Reference 2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## How did you hear about us?

☐ Website ☐ Social Media ☐ Friend/Family ☐ Current Volunteer ☐ Community Event ☐ Other:

\_\_\_\_\_

\_\_\_\_\_

## Agreements

By submitting this application, I affirm that:

- The information I have provided is true and complete to the best of my knowledge.
- I understand that misrepresentation or omission may be cause for dismissal as a volunteer.
- I understand that I may be required to undergo a background check.
- I agree to uphold the mission and values of the Kennedy Austin Foundation.
- I agree to maintain confidentiality regarding all sensitive information I may encounter.
- I understand that my volunteer service may be terminated at any time.

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

\_\_\_\_\_

## For Office Use Only

Application Received Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

2040 North Garey Avenue, Pomona, California 91767, United States  
Office Ph. 909-808-6866 | Email: admin@kennedyaustinfoudation.com

# Kennedy Austin Foundation

2040 North Garey Avenue, Pomona, California 91767, United States  
Office Ph. 909-808-6866 | Email: admin@kennedyaustinfoudation.com

Interview Date: \_\_\_\_\_ Background Check Completed: ☐ Yes ☐ No

Orientation Scheduled: \_\_\_\_\_ Assignment: \_\_\_\_\_

Notes: \_\_\_\_\_

---

---

**Please return completed application to:**

Kennedy Austin Foundation

2040 North Garey Avenue, Pomona, California 91767, United States Email:  
admin@kennedyaustinfoudation.com Office Ph. 909-808-6866

Thank you for your interest in volunteering with the Kennedy Austin Foundation.

2040 North Garey Avenue, Pomona, California 91767, United States  
Office Ph. 909-808-6866 | Email: admin@kennedyaustinfoudation.com