

# COMMUNITY VOLUNTEER TEAM (CVT) REFERRAL APPLICATION

## Welcome to Community Volunteer Team (CVT)!

### If you...

- Want to earn up to a \$250 stipend while participating in 40 hours of community service at your own pace
- Are 18-25 years old
- Have a government-issued ID and social security card OR passport
- Are stably housed

### Then join CVT!

Community service is an exciting and fulfilling activity that can also help you discover a variety of career interests. The program is designed to allow participants to:

- ✓ Flexibly explore and deepen their interests
- ✓ Work with a team in a supportive environment and receive constructive feedback
- ✓ Develop job-related skills to succeed in future work environments
- ✓ Be empowered to take the next steps towards goals

### How to Get Started:

Potential participants of Community Volunteer Team must be referred over to us by a Referral Partner by submitting this Referral Application. This Referral Application must be fully completed and signed by **both** a Referral Partner and potential participant.

### What's Next:

Completed forms can be scanned and sent to Sheila Goodman at [sgoodman@chp-sf.org](mailto:sgoodman@chp-sf.org) or faxed to (415) 749-2191 c/o CVT.

**Questions?** Don't hesitate to reach out to us!

Sheila Goodman, [sgoodman@chp-sf.org](mailto:sgoodman@chp-sf.org) or 415-319-3606

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**Please note that beyond the basic requirements, information on the form will not be used for screening purposes. For questions that applicant feels uncomfortable answering or information is unavailable, please leave blank.**

**CVT Basic requirements:** 18-25 years old, have a government-issued ID and Social Security Card OR passport, and stably housed in San Francisco

## 1. POTENTIAL PARTICPANT DEMOGRAPHIC INFORMATION

First Name:	Last Name:	Middle Initial:	Contact/Message phone: (     )     -
Preferred name or nickname:			Date of birth:     /     /
Email address:			Social security #:     -     -
Residential address (where staying):			Name of Building:
City:			State:     Zip code:
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender, male to female <input type="checkbox"/> Transgender, female to male <input type="checkbox"/> Other (please list): _____		
Ethnicity:	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino (please fill in: _____ )		
Primary Race:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> African American  <input type="checkbox"/> Other Black  <input type="checkbox"/> Asian - Chinese  <input type="checkbox"/> Asian - Filipino  <input type="checkbox"/> Asian - Indian  <input type="checkbox"/> Asian - Japanese  <input type="checkbox"/> Asian - Korean  <input type="checkbox"/> Asian - Laotian  <input type="checkbox"/> Asian - Thai  <input type="checkbox"/> Asian - Vietnamese  <input type="checkbox"/> Asian - Other  <input type="checkbox"/> Hispanic/Latino – Mexican/Mexican American  <input type="checkbox"/> Hispanic/Latino – Central American           </div> <div style="width: 50%;"> <input type="checkbox"/> Middle Eastern - Arab  <input type="checkbox"/> Hispanic/Latino – South American  <input type="checkbox"/> Hispanic/Latino – Caribbean  <input type="checkbox"/> Hispanic/Latino – Other  <input type="checkbox"/> Middle Eastern - Iranian  <input type="checkbox"/> Middle Eastern - Other  <input type="checkbox"/> Native American  <input type="checkbox"/> Native Alaskan  <input type="checkbox"/> Pacific Islander - Guamanian  <input type="checkbox"/> Pacific Islander - Hawaiian  <input type="checkbox"/> Pacific Islander - Tongan  <input type="checkbox"/> Pacific Islander - Samoan  <input type="checkbox"/> White  <input type="checkbox"/> Multiracial/Multiethnic  <input type="checkbox"/> Other           </div> </div>		
Country of Birth	_____	Current Citizenship	<input type="checkbox"/> U.S. <input type="checkbox"/> Other: _____
Authorization to work in the U.S.	<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Foreign Alien <input type="checkbox"/> Refugee <input type="checkbox"/> None of the Above <input type="checkbox"/> Other _____		
Languages Spoken:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Other (specify): _____		
English Fluency:	<input type="checkbox"/> Fluent <input type="checkbox"/> Somewhat Fluent <input type="checkbox"/> Not Fluent <input type="checkbox"/> Unknown		
Household Status:	<input type="checkbox"/> Head of Household <input type="checkbox"/> Single Adult <input type="checkbox"/> Unaccompanied youth <input type="checkbox"/> Adult who is receiving service as part of family but not Head of Household		
Number of people living in your household	_____	Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed

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## 1. POTENTIAL PARTICIPANT DEMOGRAPHIC INFORMATION CONTINUED (\*\*Not used for screening purposes)

Been arrested and convicted of a crime	<input type="checkbox"/> Yes <input type="checkbox"/> No	Previously incarcerated	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single parent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Displaced Homemaker <small>**see definitions on page 9</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has healthcare benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	Substance use disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No
English Language Learner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Basic skills deficient	If so, which skills?
Faces Significant Cultural Barriers (i.e. refugee or immigrant)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<small>**see definitions on page 9</small>

## 2. MILITARY SERVICE

<i>Current or Veteran U.S. Military</i>				
<i>Circumstance</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>Refused</i>
2.1 Is the potential participant currently serving in the United States Military?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2 Has the potential participant previously served in the United States Military?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3 Military Service Entry Date: _____	Military Service Discharge (or Estimated) Date: _____			
If "yes" to 2.1 or 2.2, has the potential participant served more than 1 tour of duty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" to 2.1 or 2.2, is the potential participant a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" to 2.1, is the participant a transitioning service member?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What type of transitioning service member?	<input type="checkbox"/> Within 12 months of discharge <input type="checkbox"/> 12-24 months of discharge			
If "yes" to 2.2, is the potential participant a campaign veteran?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" to 2.2, is the potential participant a disabled veteran?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" to 2.2, is the potential participant a recently separated veteran (within the last 48 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "yes" to 2.2, has the potential participant attended a Transition Assistance Program workshop within the last 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Spouses or Dependents of U.S. Military</i>				
2.4 Is the potential participant a <i>spouse/dependent</i> of someone in the active-duty military, National Guard or Reserves who is currently activated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5 Is the potential participant a <i>spouse/dependent</i> of a veteran?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 Is the potential participant a caregiver who is a <i>spouse or family member</i> to a member of the armed forces who is wounded, ill or injured and receiving treatment in a military facility or warrior transition unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Selective Service</i>				
2.7 Is the potential participant registered with Selective Service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selective Service Registration Number: _____	Selective Service Registration Date: _____			

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### 3. EDUCATION

3.1 What is the highest level of education the participant has achieved? (check one that best describes past educational achievements)

- Obtained high school diploma.
  Completed some college coursework.  
 Achieved GED Certificate.
  Obtained college degree.  
 Does not have high school diploma or GED.

3.2 **Current education activities** (check one that best describes current educational activities)

- a.  Currently enrolled in school full-time.  
 b.  Currently enrolled in school part-time.  
 c.  Currently enrolled in employment training or workshop full-time.  
 d.  Currently enrolled in employment training or workshop part-time.  
 e.  Not currently enrolled.

3.3 If currently enrolled in school, what was the participant's grade level in FY2015-16?

### 4. EMPLOYMENT

4.1 What is the potential participant's current employment status?

- Full-time employment
  Other: \_\_\_\_\_  
 Part-time employment  
 Seasonal employment  
 Unemployed

<i>Circumstance</i>	<i>Yes</i>	<i>No</i>	<i>Don't know</i>	<i>Refused</i>
4.2 Is potential participant's currently looking for work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Is the potential participant a farm worker or a dependent of a farm worker? **see definitions page 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Has the potential participant worked as a farm worker or food processor, including packing houses, nurseries, or orchards, for at least 25 days within the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "yes", what is the type of farm work?	_____			
4.5 Within the last 12 months, has the potential participant received a notice of termination or layoff from his/her job or received documentation that he/she is separating from military service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6 If employed, is individual under-employed? **see definitions page 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7 If unemployed, has the participant been looking for a job for over 27 weeks? (long-term unemployment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8 Number of weeks the potential participant has been unemployed?	_____			

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### 5. WORK HISTORY (Please leave fields blank as needed)

<b>No Work History</b> <input type="checkbox"/>			
<b>Employer 1 (most recent)</b>	Name:	Address:	
	Position/Title:	State:	Zip Code:
Dates of Employment:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	
Reason for Leaving:		Salary: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual <input type="checkbox"/> Other	
Type of Work:			
<b>Employer 2</b>	Name:	Address:	
	Position/Title:	State:	Zip Code:
Dates of Employment:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	
Reason for Leaving:		Salary: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual <input type="checkbox"/> Other	
Type of Work:			
<b>Employer 3</b>	Name:	Address:	
	Position/Title:	State:	Zip Code:
Dates of Employment:		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal	
Reason for Leaving:		Salary: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Annual <input type="checkbox"/> Other	
Type of Work:			

### 6. INCOME & BENEFITS

What is the potential participant's total income earned in the past 6 months?	
Has potential participant received benefits from any source in the past 6 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused
<b>Benefit Source</b>	
Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>
Temp. Asst. to Needy Families (TANF)	<input type="checkbox"/>
Supplemental Security Insurance (SSI)	<input type="checkbox"/>
Social Security Disability Income (SSDI)	<input type="checkbox"/>
General Assistance (GA)	<input type="checkbox"/>
Refugee Cash Assistance	<input type="checkbox"/>
Unemployment Benefits	<input type="checkbox"/>
Pell Grant	<input type="checkbox"/>

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### 7. HOUSING HISTORY

7.1 Please select **one** definition from selections **a - f** below that is **most applicable** to the job seeker's **current housing status**:

- a. **Supportive Housing**; Transitional or permanent housing with support services on site. Supportive housing is intended for individuals/households who would likely not be able to obtain or maintain housing without access to support services located at their place of residence. Includes, but isn't limited to, halfway houses and transitional housing programs. Most transitional housing is considered supportive.
- Transitional housing (**cannot** stay indefinitely)
  - Permanent housing for formerly homeless persons (**can** stay indefinitely)
  - Rental by client, **with VASH** housing subsidy (**can** stay indefinitely)
  - Rental by client, **with other** housing subsidy (**can** stay indefinitely)
- b. **Treatment Program Facility**; Residential treatment program usually refers to housing that is provided in conjunction with an alcohol or substance abuse program.
- Substance treatment facility or detox facility
  - Psychiatric hospital or other psychiatric facility
- c. **Non Traditional Housing**; Locations that are not considered housing or are inappropriate for long term residence. Privacy and amenities are usually scarce and there may be no regular mailing address.
- Place not meant for human habitation (vehicle, abandoned building, anywhere outside, etc.)
  - Staying or living in a family member's room, apartment, or house
  - Staying or living in a friend's room, apartment, or house
  - Hotel or motel, **with no** emergency shelter voucher
  - Hotel or motel, **with** emergency shelter voucher
- d. **Emergency Shelter**; A facility with overnight sleeping accommodations, the primary purpose of which is to provide temporary shelter for the homeless. Shelters may either be night by night or for a period of time
- Emergency shelter (**cannot** stay indefinitely)
  - Safe Haven or other domestic violence shelter (**cannot** stay indefinitely)
- e. **Non Supportive Housing**; All housing that is rented from a landlord and does not offer Support Services
- Rental by client, **with no** housing subsidy (**can** stay indefinitely)
  - Owned by client, **with no** housing subsidy
  - Owned by client, **with** housing subsidy

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f. **Other**

Hospital (non-psychiatric) or medical facility

Jail, prison, or juvenile detention facility

Foster home or foster care group home

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

Don't know

Refused

### HOUSING HISTORY CONT.

7.2 Please describe the potential participant **current housing stability**:

Literally homeless (not housed)

Unstably housed (at risk of losing housing)

Imminently losing housing (will lose housing very soon)

Stably housed (no known risk of losing housing)

Don't know

Refused

7.3a How long has potential participant lived in current housing?

Less than one week

Less than one month

\_\_\_\_\_ months

7.3b How many months in the past three years was potential participant homeless prior to obtaining current housing? \_\_\_\_\_ months

7.3c How many months was potential participant homeless right before obtaining current housing? \_\_\_\_\_ months

7.4 How long can potential participant stay in current housing?

Less than one week

Less than one month

\_\_\_\_\_ months

Indefinitely

7.5 Does potential participant have a **backup housing plan** in case they can no longer stay in current housing?

a.  **Yes**, potential participant has a backup housing plan. Please describe: \_\_\_\_\_

b.  **No**, potential participant does not currently have a back-up housing plan, **but** is working with active support to develop one.

c.  **No**, potential participant does not currently have a back-up housing plan.

7.6 Does the potential participant current housing situation offer professional support services available on-site?

Yes

No

7.7 Is the potential participant actively engaged with a **Service Counselor or Social Worker** at the site?

Yes

No

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### 8. DISABILITY INFORMATION

<i>Condition</i>	<i>Yes</i>	<i>If yes, currently receiving services?</i>	<i>No</i>	<i>Don't know</i>	<i>Refused</i>
8.1a. Does the potential participant have a diagnosed <b>physical</b> disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.1b. Is issue expected to be long-term and/or impair ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.1c. Is there documentation of the disability and severity on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2 Does the potential participant have a diagnosed <b>developmental</b> disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2b. Is issue expected to be long-term and/or impair ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.2c. Is there documentation of the disability and severity on file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.3 Due to the individual's disability, do they qualify as a family of one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.4 Is the potential participant deaf or hard of hearing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.5 Is the potential participant blind or have serious difficulty seeing even when wearing glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.6 Does the potential participant have serious difficulty walking or climbing stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.7 Does the potential participant have difficulty dressing or bathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.8 Because of physical, mental, or emotional conditions, does the participant have serious difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 9. QUESTIONS FOR TRANSITIONAL AGE YOUTH (18-25 YEARS OLD) ONLY

Is the potential participant gay, lesbian, or bisexual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the potential participant ever been bullied or harassed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the potential participant ever been removed from your home by a social worker or police officer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the potential participant ever lived in a foster home or group home?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the potential participant ever been in jail?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the potential participant ever spent time in juvenile hall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the potential participant ever had a parent in jail or prison?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Has the potential participant had a parent in jail or prison, are they currently being held in jail or prison now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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## 10. POTENTIAL PARTICIPANT CONSENT

I hereby give consent to the exchange of information between \_\_\_\_\_ (*list referral partner organization*) and **Community Housing Partnership** strictly related to education, employment, training and vocational services. The exchange of such information will be used to assess participant employment readiness, participant progress, and to assess further program needs. I may exercise my right to refuse the release of confidential information.

I understand that I have the right to receive a copy of any information that is released.

Potential Participant Signature:	Date:     /     /
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## 11. REFERRAL SOURCE

Referrer's full name:	Daytime phone: (     )     -
Referrer's email address:	
Referral partner organization:	

## 12. REFERRAL PARTNER CERTIFICATION

By signing below, the Referral Partner certifies that:

- a. The Referral Partner Application has been accurately completed with the potential participant;
- b. The referral partner can confidently recommend the potential participant is ready and willing to enter into training that may lead to full-time employment;
- c. Potential participant will be able to return to the referral partner for services if they are not successful at any stage of the Community Housing Partnership Employment Pathway.

Referral Partner Signature:	Date:     /     /
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### Definitions:

**Basic Skills Deficient:** an individual— (A) who is a youth, that the individual has English reading, writing, or computing skills at or below the 8th grade level on a generally accepted standardized test; or (B) who is a youth or adult, that the individual is unable to compute or solve problems, or read, write, or speak English, at a level necessary to function on the job, in the individual's family, or in society.

**Displaced Homemaker:** A homemaker for at least 5 years, unemployed or under-employed who: (1) has been dependent on the income of a relative but is no longer supported by such income, or (2) because of divorce, separation or the death or disability of a spouse must prepare for paid employment, or (3) has been receiving public assistance.

**Underemployed:** includes workers who are highly skilled but working in low paying jobs, workers who are highly skilled but working in low skill jobs and part-time workers who would prefer to be full time. This is different from unemployment in that the

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individual is working but is not working at full capability.

## Thank you for completing the CVT referral application!

### What Happens Next?



#### Step 1: Submit application to CVT

**Email complete** application to Sheila Goodman: [sgoodman@chp-sf.org](mailto:sgoodman@chp-sf.org).  
Alternatively, fax to (415) 749-2791.

#### Step 2: Orientation

Potential participants will attend the CVT Orientation to get an overview of the program. The orientation will provide participants with an understanding of the program requirements and allow them to sign up for their first volunteer events.



**Potential Participants should bring the following items:**

- ✓ **Government-issued ID**
- ✓ **Social Security Card**
- OR**
- ✓ **a U.S. Passport**