



# VOLUNTEER PROGRAM APPLICATION

600 East A Street • Dixon, California 95620 • Phone (707) 678-7000 • Fax (707) 678-7011

## Section I: Required Information

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ California Driver's License Number \_\_\_\_\_ Are you at least 18 years of age? If not, what is your current age? \_\_\_\_\_

### Please provide an emergency contact:

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Do you speak, read or write another language?  Yes  No

Language: \_\_\_\_\_  Speak  Read  Write

List all relevant training, education, experience you have that pertains to the volunteer opportunity for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any formal training you have received in coaching and/or first aid/CPR:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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In order for the City to find a volunteer position which meets both your wish to volunteer and the City's volunteer requirements, we would like to have detailed information about you, the skills you have, the time you are available and the type of volunteer work which interests you.

How did you hear about the City of Dixon Volunteer Program? \_\_\_\_\_

Special Training, Licenses or Certificates \_\_\_\_\_

**Status:** Check as many as apply:

- Employed:  Full-time  Part-time  Retired  Temporarily Unemployed  Looking for Work  
Student:  Full-time  Part-time  Homemaker

If employed please provide employer's name, address and phone number.

If a school project, please provide name of school, current grade, teacher's name, number of hours required and deadline date.

## Skills or talents which you have and would like to volunteer:

### Office Work

- data entry
- filing
- mass mailing
- multi-phone lines
- taking surveys
- photocopying
- receptionist
- faxing
- accounting
- typing

### Maintenance

- carpentry
- gardening
- swimming pool
- equipment, specify

### Artistic Skills

- calligraphy
- theater
- graphic arts
- photography

### Landscape

- grounds maintenance
- planting flowers/shrubs

### Computer

- teaching
- trouble shooting
- using software

### Teaching or Training

subject or topic \_\_\_\_\_

### Sports/Recreational Activities

- sports coach
- youth sport coach specify
- sports official
- other, please specify

### Police

- cadets\*
- \*special requirements*

## Availability:

What days are you available? Monday Tuesday Wednesday Thursday Friday Saturday

What times are you available? Mornings Afternoons Evenings

How many hours per week can you volunteer? \_\_\_\_\_ How many weeks? \_\_\_\_\_

Some volunteer positions require a long-term commitment of six months or more. Are you willing to make a long-term commitment to volunteering? Yes \_\_\_\_\_ No \_\_\_\_\_



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Reason for wanting to volunteer:

### Volunteer Experience (previous or current):

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**Please provide two references of persons who are not related to you. References may be personal or business.**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Company \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Company \_\_\_\_\_ Relationship \_\_\_\_\_



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### Section II: Signature Required

All volunteer applicants will be required to submit to a Department of Justice (DOJ) background check prior to placement at a cost of \$32.00. You will be reimbursed for the cost if you are placed into a volunteer position after 30 days of service.

If you volunteer for an assignment which requires you to operate a vehicle, you will be asked to provide a copy of your valid Driver's License, the name of your Automobile Insurance Carrier, and a copy of your current DMV record. You will be reimbursed for the cost to the DMV printout, which is typically \$5.00.

**I authorize the City of Dixon to obtain information from my prior and current employers, except any information regarding a disability or medical condition as prohibited by law. Information that may be obtained includes, but is not limited to: performance, attendance, personal history, achievements, and disciplinary information. I direct prior and current employers to release such information at the request of a representative of the City of Dixon, regardless of any prior agreement I may have had with such prior or current employers. I release the City of Dixon and any outside individual or organization, including records custodians, from all liability for damages that may result from compliance or attempted compliance with this authorization. Copies of background information obtained will only be provided to applicants as required by law. Public safety applicants as required by law. Public safety applicants agree to submit to a more comprehensive background check as required by law and will be asked to execute an additional release.**

**I hereby certify that all statements made on this application and any attachments are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statements may result in my disqualification from consideration as a volunteer for the City.**

**I have read, understand and agree to the information and terms above.**

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian (if applicant is a minor):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*The City is committed to ensuring that all qualified individuals have a full and fair opportunity to compete in all phases of the hiring process and promotion, and to enjoy the benefits of employment with the City. All employees and applicants shall receive equal consideration and treatment in employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal or state statutes, the City's ordinances, resolutions, rules or regulations.*



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### Section III: Screening

#### OFFICE USE ONLY:

Date Application Received: \_\_\_\_\_

Screened by: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by HR: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by Dept. Head: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

Reference Check  Criminal Records Check (DOJ Fingerprints)

Cleared by Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

This Volunteer will be supervised by: \_\_\_\_\_ Department \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Director

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
City Manager, or Designee

HR Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
HR Director, or Designee

Left the Volunteer Program \_\_\_\_\_

Returned to HR for filing \_\_\_\_\_ Date received by HR: \_\_\_\_\_



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### VOLUNTEER'S ACKNOWLEDGEMENT

I, \_\_\_\_\_, hereby state and agree as follows:

1. I am a volunteer, donating my time, services and energies to the City of Dixon.
2. I understand and acknowledge I will receive no salary, remuneration or benefits extended to the employees of the City.
3. I hereby release the City of Dixon, its officers, agents and employees from any and all liability, claims, cause of action or actions, arising out of or occasioned by bodily injuries or property damages sustained by me as a result of my volunteer services to the City of Dixon, and agree to indemnify and hold harmless the City of Dixon from any such liability, claim, cause of action or actions. I have signed the **VOLUNTEER WAIVER AND RELEASE FORM**.
4. I further state that I have carefully read the foregoing release and indemnity agreement and know the contents thereof, and sign this instrument of my own free act.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature  
(Must be signed if Volunteer is under 18 years of age)

\_\_\_\_\_  
Date