

CITY OF SANTA CLARA **VOLUNTEER APPLICATION**

NEW RENEWAL

Santa Clara

All-America City

This form must be completed by anyone volunteering for an assignment other than a specific Special Event.

1. PERSONAL INFORMAT	FION:					
Name:						
Address:	Cit	ty:	State	Zip _		
Home Phone:	Cell Phone: _		Work Phone:			
E-mail:	Driver's License #					
2. EDUCATION BACKGR	OUND:					
Circle the highest grade of sch	nool you have completed: F	IIGH SCHOOL: 1	2 3 4 COLLEC	∋E: 1 2 3 4		
High School Graduate:	Yes No If no,	passed High Sch	ool Equivalency Test	: Ye	es No	
Name and Location of School	·			· · · · · · · · · · · · · · · · · · ·		
Major, Graduate School Degre	ee, etc:					
3. WORK EXPERIENCE: (optional)					
Are you presently employed:						
☐ Employed Full-Time		☐ Temporar	ily Unemployed	Looking For	Work	
Full-Time Student	Part-Time Student	Retired	ny enompioyed	Looking For	VVOIN	
Last three (3) employers:						
Employer:		Job 1	Γitle:			
Address:						
Employer:			Γitle:			
Address:						
Employer:			Γitle:			
Address:						
4. REFERENCE:						
We ask that you provide at lea	ast three (3) references - busin	ness or personal.	References should n	ot be related to v	DU.	
	• •	•		-		
	Phone Number:					
	How long has this person known you?					
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		How ion	g has this person kno	wii you?		
5. VOLUNTEER INTERES						
What are your goals in volu	=					
How did you hear about the				A 'I - I. 'I''		
AVAILABILITY: Sun. Morning:	Mon. Tues Wed.	Thurs. Fri.		Availability:	☐ Monthly	
Afternoon:	H H	H	=	Occasionally	Summer	
Evening:		H H		Weekly		
Would you be willing to be	"on-call" for special assign	ments?		<u> </u>		
The length of commitment:						
6. VOLUNTEER EXPERIE						
			Position:			
Company/Agency:						
Dates of Volunteer Work:						
Company/Agency:			Position:			
Dates of Volunteer Work:						
CompanyAgency:			Position:			
Dates of Volunteer Work:			Hours Per Week:			

7. EMERGENCY CONTACT INFORMATION						
Emergency Contact Name:						
Address:	City:					
Home Phone:	Cell Phone:	Wor	rk Phone:			
8. CONVICTION HISTORY						
Have you ever been convicted of a criminal	offense?	☐ Yes ☐ No				
Within the last seven years (felony or misde	meanor)?	☐ _{Yes} ☐ _{No}				
Note: This does not include convictions related of application. Conviction of a crime will not negage and time of the offense, seriousness and name of the offense of the convictions. If your arcircumstances surrounding such offense including	cessarily disqualify ature of the violationswer is "yes," plea	you from volunteer on, and rehabilitationse explain on a sep	r employment. Factors such as to n will be considered when making parate piece of paper the			
Are you a registered sex offender:						
9. VOLUNTEER CERTIFICATION AND AGRE	EMENT (Initial ea	ch section and sig	gn below)			
 The City of Santa Clara will provide the Volunte Training and orientation to allow the volunte Letter or reference (upon request) Worker's Compensation benefits in caregularly submit time cards The same respect given to paid City solutions Ongoing evaluations and feedback 	olunteer to meet th	be a registered volu	unteer with the City and must			
I, (name)	_ as a Volunteer fo	or the City of Santa	Clara agree to the following:			
I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that falsification, misrepresentation, or omission of facts called for by this application could result in immediate dismissal as a volunteer.						
I authorize the City of Santa Clara the educational institutions, and law enforcement again the application. I hereby release from liability and using such information and all other person	gencies, and other the City of Santa	wise verify the accu Clara and its repres	uracy of the information contained sentative from seeking, gathering			
If I become a volunteer, I understand the same right to end my volunteer position.	nat I am free to res	ign at any time and	the City of Santa Clara reserves			
I understand and agree that this applic duration. The length of time depends upon on t						
I understand and agree that as a volun	teer I may be finge	erprinted.				
I represent and warrant that I have rea conditions.	d and fully underst	and the foregoing a	and seek to volunteer under these			
Signature of Volunteer			Date			
Signature of Parent (if under 18 years of age)_						
Signature of Volunteer Supervisor			Date			
INTERNAL USE APPROV	/ED	ENTERED - DATE				
Department:						
Program/Duties:						
Togram/Dulies.						