



**VOLUNTEER APPLICATION
AND REGISTRATION**

POSITION APPLIED FOR _____ **DATE OF APPLICATION** _____

NAME: FIRST _____ **MIDDLE INITIAL** _____ **LAST** _____

ADDRESS: _____ **CITY** _____ **State** _____ **ZIP** _____

TELEPHONE: DAY (____) _____ **CELL** (____) _____ **EVENING** (____) _____

EMERGENCY CONTACT: _____ **PHONE** (____) _____

PLEASE LIST Special Skills, Talents, Interest, Hobbies and Languages:

Do you have a driver's license? _____ Transportation? _____

Have you ever been convicted of a violation or attempted violation of Section 243.4 of the Penal Code, a sex offense against a minor, or of any felony, which requires registration pursuant to Section 290 of the Penal Code? _____ Yes _____ No

EDUCATION:

Did you graduate from high school? _____ Yes _____ No

Did you attend or graduate from a college or university? _____ Yes _____ No

Area of study? _____ Degree _____

Other training or education? Please list: _____

EXPERIENCE: (Previous work or volunteer experience)

Position _____ Year Started _____ Ended _____

Company / Organization _____ Supervisor _____

Address _____ Phone number (____) _____

Describe your duties _____

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Position _____ **Year Started** _____ **Ended** _____

Company / Organization _____ **Supervisor** _____

Address _____ **Phone number (____)** _____

Describe your duties _____

Hours Available:

Sunday _____ **Monday** _____ **Tuesday** _____ **Wednesday** _____

Thursday _____ **Friday** _____ **Saturday** _____

References: (People who are not relatives that can attest to your character)

Name _____ **Phone** _____

Name _____ **Phone** _____

Do you have any limitations related to health or physical ability? If so, please explain: _____

I hereby certify that all facts set forth in this Volunteer Registration Form are true and complete to the best of my knowledge. I understand that if I become a volunteer, falsified statements made on this form shall be sufficient cause for termination of volunteer service. I authorize the City of San Gabriel to conduct an investigation of my character including personal and criminal record checks.

Applicant Signature: _____ **Date** _____

Parent or Guardian Signature: _____ **Date** _____
(Must sign for Minors, Ages 15-17)

Referred by _____ **Interviewed by** _____

Department placed _____ **Immediate Supervisor** _____

Assignment _____

Start Date ___/___/___ **Schedule** _____

End Date ___/___/___ **Reason** _____