

Parks and Community Services Volunteer Program Application

Please print clearly and in black or blue ink.

Return application to Parks & Community Services Customer Service Office at:
231 Union Street, Watsonville, CA 95076



Completion of the volunteer program application does not guarantee placement or engagement as a City of Watsonville volunteer program participant. Qualified volunteer applicants are considered without regard to race, color, religion, gender, national origin, age, sexual orientation, marital status, and non-job related medical condition or disability. For more information please call (831) 768-3240.

Full Name: _____

Are your hours a school/agency requirement?

I prefer to be called by the name: _____

Driver's License Number: _____

Address: _____

City: _____ Zip Code: _____

Telephone #: (____) _____

E-Mail Address: _____

Emergency Contact Name: _____

Relationship: _____

Telephone #: (____) _____

Last 4 digits of SSN: _____

Do you have any special needs/restrictions? _____

What is your birth date? Year is optional.

Only used for celebratory purposes

What is your shirt size? (adult unisex sizes) S M L XL 2XL 3XL

_____ / _____ / _____

Availability & Assignment Request

How often would you like to volunteer? _____ When are you available to start? _____

What is the length of time that you are available to volunteer? _____

Please mark the days and times that you are available to volunteer:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

Please check all areas of interest:

| | | | |
|---|---|---|---|
| <input type="checkbox"/> Youth Development | <input type="checkbox"/> Senior Center | <input type="checkbox"/> Special Events | <input type="checkbox"/> Public Works/Water |
| <input type="checkbox"/> Library Literacy Tutor | <input type="checkbox"/> Watsonville Airport | <input type="checkbox"/> Parks/Adopt-A-Park | <input type="checkbox"/> Adopt-A-Trail |
| <input type="checkbox"/> Watsonville Public Library | <input type="checkbox"/> Watsonville Police/PAL | <input type="checkbox"/> Teaching classes/workshops | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sports | <input type="checkbox"/> Parks | Subject: _____ | |

Related Experience

Education:

Name of School

Major Course of Study

Degree/Diploma?

Date Received

Work/Volunteer Experience:

Employer/Agency Name

Position

Contact Name/Phone

Dates:

Voluntary or Paid?

Do you currently hold any special certificates, licenses, or registrations (First Aid, CPR, etc.)?

Please complete both sides of this form.

Interests and Special Skills

What special skills, interests, or hobbies would you like to share? _____

What languages, other than English, can you speak proficiently in? _____

What are your goals as a volunteer? _____

References

Provide two references that are familiar with your academic, professional, or volunteer service. Do not list relatives:

| Name | Relationship | Address | Phone Number |
|------|--------------|---------|--------------|
| Name | Relationship | Address | Phone Number |

Have you ever been convicted of a felony or a misdemeanor (not including minor traffic violations)? Yes No

A "yes" answer is not an automatic bar from placement; however, a false statement will disqualify you. If yes, please explain fully. Attach other sheets if necessary. _____

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and I authorize investigation of all matters contained in this application or data pertinent to my volunteering. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal. I understand and agree that in the performance of voluntary services I am not a City of Watsonville employee and shall have no rights to wages or benefits and no promise, expressed or implied, of consideration for future employment agree to indemnify and hold the City of Watsonville, its employees and contractors, harmless from any and all liability for any injury that may be suffered arising out of or in any way connected with my participation in this program. I also agree to grant full permission to the City of Watsonville to use my name and any photographs, videography, motion pictures, or recordings for any purpose whatsoever without any obligation, liability, or compensation to me.

The undersigned, in consideration of serving as a volunteer for the City of Watsonville, agrees to indemnify and hold the City, its employees and its agents harmless from any and all liability for any injury, death, loss or harm that occurs by the above named volunteer, arising out of, or in any way connected with, participation in this program. I hereby authorize and give consent to the City of Watsonville, its successors and assigns, to copyright, broadcast, publish and display all photographs and videos taken by them in which I and/or my children appear.

Signature of Applicant: _____ Date: _____

Signature of Parent/Legal Guardian (if under 18): _____ Date: _____

Print Name of Parent/Legal Guardian: _____

For Office Only

Name of Supervisor: _____ Dept/ Program: _____

Application Received: _____ Live Scan Appt.: _____ Date Cleared: _____

Start Date: _____ End Date: _____ Total Hours Completed: _____

Comments: _____

Not approved Reason: _____