Volunteer Program Application

Please print clearly and in black or blue ink. Return application to Watsonville Municipal Airport.

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) 768-3575.

Choose one: D Miss D Ms. D Mrs. D Mr. I prefer to be called by the name: ________________

Full Name: ____________________________ Driver’s License Number: ____________
Address: ________________________________
Daytime Phone: _ ________
Emergency Contact Name: __________________________
Address: ________________________________
Daytime Phone: _ ________

I am between the ages of:
D under 15  D 18-24  D 41-54
D 15-17  D 25-40  D 55+

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 check all areas of interest:
D W.E.A.C.T.  D Airport Tours  D Special Events  D Young Eagles
D Airport Open House  D Airport Outreach  D Special Needs Children  D Advisory Committee
D Second Saturday  D Airport Clerical Support  D Teaching classes/workshops  D Other ________________
D Fly-In & Air Show  D Airport PR  D Subject ________________

Education:

Please complete both sides of this form.

Name of School  Major Course of Study  Degree/Diploma?  Date Received

<table>
<thead>
<tr>
<th>Work/Volunteer Experience:</th>
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<tr>
<td>Employer/Agency Name  Position  Contact Name/Phone  Dates:  Voluntary or Paid?</td>
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Do you currently hold any special certificates, licenses, or registrations (First Aid, CPR, etc.)?

Please complete both sides of this form.
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.

I 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, video graphs, motion pictures, or recordings for any purpose whatsoever without any obligation, liability, or compensation to me.

Signature of Applicant: ________________________________ Date: ________________

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

Print Name of Parent/Legal Guardian: ________________________________

Please complete both sides of this form.