

Volunteer Program Application



Please print clearly and in black or blue ink.
Return application to Parks & Community Services Customer Service Center.

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.

Choose one: <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.	I prefer to be called by the name: _____
Full Name: _____	Driver's License Number: _____
Address: _____	City: _____ Zip Code: _____
Daytime Phone: (____) _____	Evening Phone: (____) _____
Emergency Contact Name: _____	Relationship: _____
Address: _____	City: _____ Zip Code: _____
Daytime Phone: (____) _____	Evening Phone: (____) _____
Last 4 digits of SSN: _____	I am between the ages of:
	<input type="checkbox"/> under 15 <input type="checkbox"/> 18-24 <input type="checkbox"/> 41-54
	<input type="checkbox"/> 15-17 <input type="checkbox"/> 25-40 <input type="checkbox"/> 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 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"/> Arts & Crafts | <input type="checkbox"/> Homework Tutor | <input type="checkbox"/> Special Events | <input type="checkbox"/> Youth Council Leader |
| <input type="checkbox"/> Clerical Support | <input type="checkbox"/> Marketing/Sponsorships | <input type="checkbox"/> Special Needs Children | <input type="checkbox"/> Adult Council |
| <input type="checkbox"/> Computer Center | <input type="checkbox"/> After School Recreation | <input type="checkbox"/> Teaching classes/workshops | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Games & Sports | <input type="checkbox"/> Sports Assistant | 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 are your goals as a volunteer? _____

Do you have any special needs or restrictions? _____

Languages spoken other than English (if any): _____

Are you volunteering in affiliation with an organization or special program (i.e. school, scouts, court-assigned service, etc.)? _____

References

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

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 Use Only

Name of Supervisor: _____ Program: _____

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

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

Comments: _____

Not approved Reason: _____

Please complete both sides of this form.