



Volunteer Application
City of Stanton, California
7800 Katella Avenue, 90680; (714) 379-9222

Please Print Clearly in Ink or Type. No action will be taken on this application until all questions have been answered COMPLETELY and ACCURATELY and the application has been SIGNED and DATED.

Volunteer Interest:

- Internship Program:
 - Administration/Administrative Services
 - Community Development/Planning
 - Recreation/Community Services Programs
 - Senior Programs/ Home Delivered Meals Driver
 - Other (please specify) _____
- Public Works/Engineering
 - Parks & Recreation
 - Special Events
 - Stanton Community Services Center

Name _____
 Last First Middle Initial

Address _____
 Street City State Zip Code

Home Phone () _____ Cell () _____

Business Phone () _____ E-Mail address _____

Answer All Questions Completely. Incorrect or False Statements are Cause for Rejection or Dismissal.

From what source did you learn of this position? Newspaper Personal Inquiry Job Bulletin Web Site

Is your volunteer work required? YES NO If yes, through what organization/school? _____

Dates available: From _____ To _____

Days/Hours available:

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|----|--------|---------|-----------|----------|--------|----------|--------|
| AM | | | | | | | |
| PM | | | | | | | |

Do you have a valid California driver's license? YES NO Number: _____

Please state the limits of your liability auto insurance. \$ _____
 Insurance Company Name and Policy Number _____

Persons to notify in case of emergency:

| Name | Address | Tel. No. | Relationship |
|------|---------|----------|--------------|
| | | | |
| | | | |

Have you ever been fired or forced to resign a position? YES NO If yes, explain:

Have you at any time in your life been convicted, in other than a juvenile court, of a felony or misdemeanor other than minor traffic violations? YES NO A criminal record does not constitute an automatic bar for consideration but may be taken into account in terms of the work to be performed. If yes, give date, city, offense and disposition:

List any language(s) other than English you can speak and understand: _____

Special Skills, Interests or hobbies: _____

EDUCATION AND TRAINING

| Name and Location of | Did you Graduate | Degree or Certificate | Study Emphasis |
|-----------------------|------------------|-----------------------|----------------|
| High School | | | |
| College | | | |
| Post Graduate | | | |
| Business/Trade School | | | |

Work/Volunteer Experience: List all relevant positions you have held in the past ten (10) years. Account for part-time, military, summer positions, periods of unemployment, etc.

| | | |
|---------------------------|------------------|-------------------|
| Date (Month/Year) | Employer | Supervisor |
| From _____ To _____ | Name _____ | Name _____ |
| Salary _____ | Street _____ | Position _____ |
| Total Weekly Hours _____ | City/State _____ | Phone No. _____ |
| Job Title _____ | | |
| Duties _____ | | |
| Reason for Leaving: _____ | | |

| | | |
|---------------------------|------------------|-------------------|
| Date (Month/Year) | Employer | Supervisor |
| From _____ To _____ | Name _____ | Name _____ |
| Salary _____ | Street _____ | Position _____ |
| Total Weekly Hours _____ | City/State _____ | Phone No. _____ |
| Job Title _____ | | |
| Duties _____ | | |
| Reason for Leaving: _____ | | |

| | | |
|---------------------------|------------------|-------------------|
| Date (Month/Year) | Employer | Supervisor |
| From _____ To _____ | Name _____ | Name _____ |
| Salary _____ | Street _____ | Position _____ |
| Total Weekly Hours _____ | City/State _____ | Phone No. _____ |
| Job Title _____ | | |
| Duties _____ | | |
| Reason for Leaving: _____ | | |

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that any false statements on this application are grounds for disqualification or dismissal. I authorize the City of Stanton to investigate my qualifications, employment record or character through inquiries to any sources mentioned in this application, unless otherwise stated. I understand that consideration for the volunteer program is conditioned on satisfactory results from a criminal background check by means of a live scan fingerprint procedure conducted by the Department of Justice, and a pre-employment medical examination, which may include a drug test. I also understand that I will be required to provide satisfactory proof of my identity and legal authorization to work in the United States on my first day of work.

Signature _____ **Date** _____

RELEASE OF ALL CLAIMS AND LIABILITY

In consideration of the acceptance of my participation in the Stanton Volunteer Program, I hereby waive, release and discharge any and all claims for damages, for death, for personal injury or property damage which I may have or which may hereinafter inure to me, my heirs or my beneficiaries, as a result of my participation in said program. This release is intended to discharge, in advance, sponsors, officials and any and all involved municipalities and/or municipal employees from and against any and all liability arising out of or connected in any way with my participation in said program, even though that liability may arise out of negligence or carelessness on the part of the persons of entities mentioned above. I have fully read this form and fully understand the contents thereof and hereby freely and willingly apply my signature below as my agreement to this release of liability form. I hereby, agree to indemnify and hold harmless the City of Stanton and its officers, agents or employees from any liability of claim or action for damages resulting from or in any way arising out of the participation in the Stanton Volunteer Program by the person registered above.

Volunteer Applicant's Name (Print)

Date

Volunteer Applicant's Signature

FOR STUDENT VOLUNTEERS UNDER 18 ONLY

References: Name two previous volunteer or personal references (living at a different address) that you have known for at least two years.

| | NAME | ADDRESS | RELATIONSHIP | TEL. NO. |
|---|------|---------|--------------|----------|
| 1 | | | | |
| 2 | | | | |

RELEASE OF ALL CLAIMS AND LIABILITY

In consideration of the acceptance of _____ participation in the above named event, I hereby waive, release and discharge any and all claims for damages, for death, for personal injury or property damage which I may have or which may hereinafter inure to me, my heirs or my beneficiaries, as a result of _____ participation in said event. This release is intended to discharge, in advance, sponsors, officials and any and all involved municipalities and/or municipality employees from and against any and all liability arising out of or connected in any way with _____ participation in said event, even though that liability may arise out of negligence or carelessness on the part of the persons of entities mentioned above. I have fully read this form and fully understand the contents thereof and hereby freely and willingly apply my signature below as my agreement to this release of liability form. I hereby, agree to indemnify and hold harmless the City of Stanton and its officers, agents or employees from any liability of claim or action for damages resulting from or in any way arising out of the participation in the above listed event by the person registered above.

Volunteer Applicant's Name (Print)

Date

Parent/Guardian Name (Print)

Date

Volunteer Applicant's Signature

Date

Parent/Guardian Signature

Date