



VOLUNTEER PROGRAM APPLICATION

600 East A Street • Dixon, California 95620 • Phone (707) 678-7000 • Fax (707) 678-7011

Section I: Required Information

Name _____

Address _____ City, State, Zip Code _____

Home Phone _____ Work Phone _____ Email _____

Social Security Number _____ California Driver's License Number _____ Are you at least 18 years of age? If not, what is your current age? _____

Please provide an emergency contact:

Name _____ Address _____

Phone _____ Relationship _____

Have you ever been convicted of a crime? Yes No

If yes, please specify the court, place/date of conviction, and the penalty. A finger print check may be made. A YES answer will not automatically disqualify you. NOTE: Public Safety positions require additional information during the course of standard background checks.

Do you speak, read or write another language? Yes No

Language: _____ Speak Read Write

List all relevant training, education, experience you have that pertains to the volunteer opportunity for which you are applying.

List any formal training you have received in coaching and/or first aid/CPR:



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In order for the City to find a volunteer position which meets both your wish to volunteer and the City's volunteer requirements, we would like to have detailed information about you, the skills you have, the time you are available and the type of volunteer work which interests you.

How did you hear about the City of Dixon Volunteer Program? _____

Special Training, Licenses or Certificates _____

Status: Check as many as apply:

- Employed: Full-time Part-time Retired Temporarily Unemployed Looking for Work
 Student: Full-time Part-time Homemaker

If employed please provide employer's name, address and phone number.

If a school project, please provide name of school, current grade, teacher's name, number of hours required and deadline date.

Skills or talents which you have and would like to volunteer:

Office Work

- data entry
- filing
- mass mailing
- multi-phone lines
- taking surveys
- photocopying
- receptionist
- faxing
- accounting
- typing

Maintenance

- carpentry
- gardening
- swimming pool
- equipment, specify _____

Artistic Skills

- calligraphy
- theater
- graphic arts
- photography

Landscape

- grounds maintenance
- planting flowers/shrubs

Computer

- teaching
- trouble shooting
- using software

Teaching or Training

subject or topic _____

Sports/Recreational Activities

- sports coach
- youth sport coach specify _____
- sports official
- other, please specify _____

Police

- cadets*
*special requirements

Availability:

What days are you available? Monday Tuesday Wednesday Thursday Friday Saturday

What times are you available? Mornings Afternoons Evenings

How many hours per week can you volunteer? _____ How many weeks? _____

Some volunteer positions require a long-term commitment of six months or more. Are you willing to make a long-term commitment to volunteering? Yes _____ No _____



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Reason for wanting to volunteer:

Volunteer Experience (previous or current):

Organization: _____ Dates: _____

Responsibilities: _____

Organization: _____ Dates: _____

Responsibilities: _____

Please provide two references of persons who are not related to you. References may be personal or business.

Name Address

Phone Company Relationship

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Phone Company Relationship



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Section II: Signature Required

All volunteer applicants will be required to submit to a Department of Justice (DOJ) background check prior to placement at a cost of \$32.00. You will be reimbursed for the cost if you are placed into a volunteer position after 30 days of service.

If you volunteer for an assignment which requires you to operate a vehicle, you will be asked to provide a copy of your valid Driver's License, the name of your Automobile Insurance Carrier, and a copy of your current DMV record. You will be reimbursed for the cost to the DMV printout, which is typically \$5.00.

I authorize the City of Dixon to obtain information from my prior and current employers, except any information regarding a disability or medical condition as prohibited by law. Information that may be obtained includes, but is not limited to: performance, attendance, personal history, achievements, and disciplinary information. I direct prior and current employers to release such information at the request of a representative of the City of Dixon, regardless of any prior agreement I may have had with such prior or current employers. I release the City of Dixon and any outside individual or organization, including records custodians, from all liability for damages that may result from compliance or attempted compliance with this authorization. Copies of background information obtained will only be provided to applicants as required by law. Public safety applicants as required by law. Public safety applicants agree to submit to a more comprehensive background check as required by law and will be asked to execute an additional release.

I hereby certify that all statements made on this application and any attachments are true and complete to the best of my knowledge. I understand that any false, incomplete or incorrect statements may result in my disqualification from consideration as a volunteer for the City.

I have read, understand and agree to the information and terms above.

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian (if applicant is a minor): _____ **Date:** _____

The City is committed to ensuring that all qualified individuals have a full and fair opportunity to compete in all phases of the hiring process and promotion, and to enjoy the benefits of employment with the City. All employees and applicants shall receive equal consideration and treatment in employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, marital status, amnesty, or status as a covered veteran in accordance with applicable federal or state statutes, the City's ordinances, resolutions, rules or regulations.



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Section III: Screening

OFFICE USE ONLY:

Date Application Received: _____

Screened by: _____ Date: _____

Interviewed by Coordinator: _____ Date: _____

Interviewed by HR: _____ Date: _____

Interviewed by Dept. Head: _____ Date: _____

Notes:

Reference Check Criminal Records Check (DOJ Fingerprints)

Cleared by Human Resources: _____ Date: _____

This Volunteer will be supervised by: _____ Department _____

Start Date: _____ End Date: _____

Approved by: _____ Department: _____ Date: _____
Department Director

Approved by: _____ Date: _____
City Manager, or Designee

HR Approval: _____ Date: _____
HR Director, or Designee

Left the Volunteer Program _____

Returned to HR for filing _____ Date received by HR: _____



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VOLUNTEER'S ACKNOWLEDGEMENT

I, _____, hereby state and agree as follows:

1. I am a volunteer, donating my time, services and energies to the City of Dixon.
2. I understand and acknowledge I will receive no salary, remuneration or benefits extended to the employees of the City.
3. I hereby release the City of Dixon, its officers, agents and employees from any and all liability, claims, cause of action or actions, arising out of or occasioned by bodily injuries or property damages sustained by me as a result of my volunteer services to the City of Dixon, and agree to indemnify and hold harmless the City of Dixon from any such liability, claim, cause of action or actions. I have signed the **VOLUNTEER WAIVER AND RELEASE FORM**.
4. I further state that I have carefully read the foregoing release and indemnity agreement and know the contents thereof, and sign this instrument of my own free act.

Volunteer's Signature

Date

Human Resources Signature

Date

Parent/Guardian's Signature
(Must be signed if Volunteer is under 18 years of age)

Date