

# 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:**    Miss    Ms.    Mrs.    Mr.      **I prefer to be called by the name:** \_\_\_\_\_

Full Name: \_\_\_\_\_      Driver's License Number: \_\_\_\_\_

Address: \_\_\_\_\_      City: \_\_\_\_\_      Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_      E-Mail Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_      Relationship: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_

Last 4 digits of SSN: \_\_\_\_\_

I am between the ages of:  
 under 15       18-24       41-54  
 15-17       25-40       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 /City          |
| <input type="checkbox"/> Games & Sports   | <input type="checkbox"/> Sports Assistant        | Subject _____                                       | Department: _____                             |

## 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? \_\_\_\_\_

### 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 Volunteer Coordinator Only

Name of Supervisor: \_\_\_\_\_ Dept/ Program: \_\_\_\_\_

Application Received: \_\_\_\_\_ Live Scan Appt.: \_\_\_\_\_ Date Cleared: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Total Hours Completed: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Not approved  Reason: \_\_\_\_\_