



# 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:**     Miss    Ms.    Mrs.    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: \_ (    ) \_\_\_\_\_

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"/> W.E.A.C.T.         | <input type="checkbox"/> Airport Tours            | <input type="checkbox"/> Special Events             | <input type="checkbox"/> Young Eagles       |
| <input type="checkbox"/> Airport Open House | <input type="checkbox"/> Airport Outreach         | <input type="checkbox"/> Special Needs Children     | <input type="checkbox"/> Advisory Committee |
| <input type="checkbox"/> Second Saturday    | <input type="checkbox"/> Airport Clerical Support | <input type="checkbox"/> Teaching classes/workshops | <input type="checkbox"/> Other _____        |
| <input type="checkbox"/> Fly-In & Air Show  | <input type="checkbox"/> Airport PR               | Subject _____                                       |   |

### Education:

### Related Experience

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.**

**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:** \_\_\_\_\_

### For Office Use Only

**Name of Supervisor:** \_\_\_\_\_ **Extension:** \_\_\_\_\_ **Program:** \_\_\_\_\_

**Volunteer Position Title or Project Title:** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Anticipated End Date:** \_\_\_\_\_

### Volunteer Schedule:

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

\_\_\_\_\_

**Total Hours per Week:** \_\_\_\_\_