



CITY OF DUBLIN

APPLICATION FOR VOLUNTEERS

City of Dublin
City Manager's Office-HR
100 Civic Plaza
Dublin, CA 94568

INSTRUCTIONS: Fill out the information requested on the application and submit the completed form to the address above

Application for Volunteer position as: _____			Date Available:
<input type="checkbox"/> Junior League Program	<input type="checkbox"/> Youth Sports/Coach	<input type="checkbox"/> Junior Aquatic Water Safety Program	
<input type="checkbox"/> Dublin Senior Center	<input type="checkbox"/> Police	<input type="checkbox"/> Other: _____	
Last Name:		First Name:	M.I.
Present Street Address:		City:	State: Zip Code:
Home Telephone Number:	Work Telephone Number:	Pager or Cell Number:	E-mail address:
If you have any relatives working for the City of Dublin, list name and relationship: _____			
Education: Please Circle the Highest Grade Completed		You must be a citizen of the USA or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation prior to placement?	
Grammar School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 1 2 3 4	Graduate 1 2 3 4
		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

1. Please briefly explain why you are interested in volunteering for the above department.
2. List any Volunteer or Paid experience related to your volunteer interest:

Position(s) Held	Fm	To	Pls. check one	Duties	Worked with:
			<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		<input type="checkbox"/> Children <input type="checkbox"/> Teenagers <input type="checkbox"/> Adults <input type="checkbox"/> Seniors
			<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		<input type="checkbox"/> Children <input type="checkbox"/> Teenagers <input type="checkbox"/> Adults <input type="checkbox"/> Seniors

3. List any special skills, knowledge, training, certificates, registrations or licenses you may possess or machines/equipment that you can operate which might apply to volunteer assignments:

<u>CLERICAL/OFFICE</u> <input type="checkbox"/> Reception/Phones <input type="checkbox"/> Data Input/Entry <input type="checkbox"/> Filers/Graphics <input type="checkbox"/> Cash Register <input type="checkbox"/> Filing/Typing: WPM _____	<u>COMPUTERS</u> <input type="checkbox"/> Programming <input type="checkbox"/> Software <input type="checkbox"/> Web Applications <input type="checkbox"/> Hardware <input type="checkbox"/> Geographic Information System	<u>MARKETING/COMMUNICATIONS</u> <input type="checkbox"/> Greeter/Resource/Referral <input type="checkbox"/> Photography <input type="checkbox"/> Contact Community Groups <input type="checkbox"/> Foreign Language <input type="checkbox"/> Journalism/Research	<u>ACTIVITIES/EVENTS</u> <input type="checkbox"/> Instructor <input type="checkbox"/> Serve Meals <input type="checkbox"/> Decorations <input type="checkbox"/> Entertainment <input type="checkbox"/> Kitchen/Dishwasher
<u>TEACHING SKILLS</u> <input type="checkbox"/> Drawing <input type="checkbox"/> Painting <input type="checkbox"/> Sewing <input type="checkbox"/> Gardening <input type="checkbox"/> Exercise <input type="checkbox"/> Dance <input type="checkbox"/> Crafts <input type="checkbox"/> Tour Guide	<input type="checkbox"/> Handyman Repairs <input type="checkbox"/> Musical Instruments <input type="checkbox"/> Cultural Activities <input type="checkbox"/> Cooking/Baking	<input type="checkbox"/> Entertainment <input type="checkbox"/> Computers <input type="checkbox"/> Fleet <input type="checkbox"/> Landscaping <input type="checkbox"/> Equipment	
<u>FOREIGN LANGUAGES</u> Fluent: _____ Read: _____ Write: _____			
<u>POLICE ACTIVITIES</u> <input type="checkbox"/> Neighborhood Canvassing <input type="checkbox"/> Car Seat Technician <input type="checkbox"/> Special Police Events <input type="checkbox"/> Fingerprinting	<input type="checkbox"/> Other: _____	<u>HOBBIES/OTHER</u> <u>LICENSES</u>	

4. What other commitments such as summer school, work, sports practices, or vacations do you have planned that will interfere with your volunteer time commitment?

5. Are there any physical conditions we should consider in arranging volunteer assignments for you? Yes No
If "yes," please explain:

6. How many hours do you wish to volunteer? _____ Hours need by this date: _____

7. Is this a requirement for School Credit School Court Other _____

8. Please indicate the days and times you are available:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Fingerprint Information

Please note: If you are requesting a volunteer position that will exercise supervisory or disciplinary authority of minors Section 5164 of the California Public Resources Code requires the City of Dublin inquire whether or not you have ever been convicted of certain crimes. You will need to complete a supplemental questionnaire and submit this with your volunteer application. In addition, State law requires every adult volunteer to be fingerprinted prior to that person beginning service if that person will have direct contact with minors.

DRIVERS LICENSE # _____ Place of Birth _____ Sex Male Female

Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Have you ever been convicted of a felony? Yes No

Are you currently serving or have served probation in the last seven years? Yes No

Has your driver's license ever been suspended or revoked? Yes No

(If you answered Yes to the above questions you must show dates, City and State, charges and penalties on a separate sheet of paper.)

Have you ever been fired or forced to resign from previous employment? Yes No

(If Yes, please explain on a separate piece of paper.)

References

Please list two references, personal or professional, who have known you for at least a year.

	Name	Relationship	E-mail Address	Phone
1				
2				

Emergency Contact

	Emergency Contact	Relationship	Home Phone	Work Phone	Cell Phone
1					
2					

Volunteer Coaches Only

If you wish to coach, which sport do you wish to coach? _____

Which grade? 1-2 3-4 5-6 7-8 9-10 11-12

Which do you prefer to coach? BOYS GIRLS EITHER MY SON/DAUGHTER

If you want to coach your son and/or daughter's team, please list their names:

CHILD'S NAME: _____ AGE: _____ CHILD'S NAME: _____ AGE: _____

Do you have any coaching certifications? Yes No If yes, please list the certification and the date it will expire:

CERTIFICATION: _____ Exp Date: _____ CERTIFICATION: _____ Exp Date: _____

Please explain your youth sports philosophy: _____

The information contained on this application is correct to the best of my knowledge. I understand that falsification; omission or misstatement of information may result in refusal to assign me a volunteer position or dismissal from that position. Further, I understand that, if accepted as a volunteer, I will be required to comply with all rules, regulations, and policies of the City of Dublin.

Signature: _____ Date: _____

Signature of Parent: _____ Date: _____

(If under 18 yrs of age)