

# VOLUNTEER SERVICES APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H)\_\_\_\_\_ (W)\_\_\_\_\_ Date of Birth \_\_/\_\_/\_\_

Present Occupation:

Special licenses, credentials or training certificates:

\_\_\_\_\_

Are you able to read, write and/or translate any language other than English? Please list and identify level of ability (ie. Beginning, intermediate, advanced).

\_\_\_\_\_

Previous work or volunteer experience:

Business/ Organization Name	Address	Phone
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Job/Position Title	Supervisor
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Business/ Organization Name	Address	Phone
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Job/Position Title	Supervisor
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Business/ Organization Name	Address	Phone
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Job/Position Title	Supervisor
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What is your preferred schedule: Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

What hours are you available?

Hours Available	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning							
Afternoon							
Evening							

Check the appropriate skill(s)/ interests; star (\*) preferences:

_____ Accounting (01)	_____ Event coordinator (15)	_____ Park Maintenance (29)
_____ Animals (02)	_____ Fire Service (16)	_____ Photography (30)
_____ Carpentry (03)	_____ Filing (17)	_____ Public Relations (31)
_____ City Planning (04)	_____ Gardening (18)	_____ Special Programs (32)
_____ Coaching (05)	_____ Household Repair (19)	_____ Story Telling (33)
_____ Clerical (06)	_____ Information Services (20)	_____ Technical Writing (34)
_____ Crafts/ Instructing (07)	_____ Knowledge of Salinas(21)	_____ Typing (35)
_____ Computer Training (08)	_____ Law Enforcement (22)	_____ Youth (36)

_____ Drafting (09)	_____ Legal Research (23)	_____ Other: please list
_____ Education/ Training (10)	_____ Mechanics (24)	

Have you ever been convicted of a crime, which resulted in imprisonment, probation or the payment of fine, forfeiture of bail of \$100 or more? \_\_\_\_\_yes \_\_\_\_\_no (if yes, please explain)

Do you have any limitations that may affect your volunteer work with the city? Please Describe.

I certify that the information on this application is true and correct to the best of my knowledge. Furthermore, my signature provides my authorization to the City of Salinas to do driver and criminal records check, if necessary, as well as reference checks to determine my suitability for placement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date