



# APPLICATION FOR VOLUNTEER EMPLOYMENT

## City of South Pasadena

Human Resources Office

1414 Mission Street, South Pasadena, California, 91030

Telephone (626) 403-7312 ♦ FAX: (626)403-7313

**INSTRUCTIONS:** Thank you for your interest in volunteering with the City of South Pasadena. All information provided will be kept strictly confidential and is for the sole use of the volunteer program. Please complete the application fully and return it to the Human Resources Office. If you need assistance completing this form please contact (626) 403-7312.

### PERSONAL INFORMATION:

Last Name	First Name	Middle Initial
Address	City State	Zip Code
Occupation:	Employer Name:	Business Phone:
Home Phone	Work Phone	Cell Phone

### EMERGENCY CONTACT: *(Please list two persons.)*

Name	Phone	Relationship
Name	Phone	Relationship

1. Do you have a CA driver's license? \_\_\_\_\_ DL#: \_\_\_\_\_ Class: \_\_\_\_\_
2. Are you over 18? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (If no, fill out Minor Volunteer section)
3. Do you have a physical or mental condition which will require any special accommodation in the selection process? Yes: \_\_\_\_\_ No: \_\_\_\_\_
4. Have you ever been convicted of a violation or attempted violation of Section 243.4 of the Penal Code, a sex offense against a minor, or of any felony, which requires registration pursuant to Section 290 of the Penal Code? Yes: \_\_\_\_\_ No: \_\_\_\_\_
5. Have you ever been convicted of any offense other than a minor traffic violation/infraction? Yes \_\_\_\_\_ No: \_\_\_\_\_ (If "yes", you must attach a separate sheet and fully disclose the nature of each conviction, city, state, and disposition.)

### VOLUNTEER AND EMPLOYMENT EXPERIENCE: *(Please attach resume.)*

Company Name: From: Month/Year To: Month/Year Supervisor: Phone:	Job Duties:
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**PLEASE SPECIFY AREA OF SKILL, AND INTEREST:**


Are you fulfilling community service requirement for your school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, check here: SPHS \_\_\_\_\_ Other \_\_\_\_\_

Minor Volunteer Information Section:

Age of Minor: \_\_\_\_\_

Name of Parents or Legal Guardian: \_\_\_\_\_

Parent's of Legal Guardian's Day time phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**Note:** Court-ordered community service hours are not accepted.

Type of work desired: \_\_\_\_\_

Do you have any special training: \_\_\_\_\_

**List days and times periods you would be available.**

<i>Days</i>	<i>Morning</i>	<i>Afternoon</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**REFERENCES:**

Business Reference Name:	Phone:
Personal Reference Name:	Phone:

**APPLICANT'S STATEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statement contained in this application for volunteer employment as may be necessary in arriving at a decision. I understand that, when volunteering for the City of South Pasadena, I am expected to follow departmental policies, rules, and regulations relevant to the work being done. EEOC Employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Arrange Interview: Yes \_\_\_\_ No \_\_\_\_ Date of Interview: \_\_\_\_\_

Remarks: \_\_\_\_\_

Position Requested: \_\_\_\_\_

Interview Staff: \_\_\_\_\_

LiveScan fingerprinting (Required for all Volunteer positions.)

Yes \_\_\_\_\_ No \_\_\_\_\_

Start Date: \_\_\_\_\_

Length of Assignment: \_\_\_\_\_

Recommendation: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

### **VOLUNTEER PROGRAM RISK MANAGEMENT CHECKLIST**

- [ ] Volunteer Application Completed [Date: \_\_\_\_\_ ]
- [ ] Volunteer Agreement Signed [Date: \_\_\_\_\_ ]
- [ ] Volunteer Acknowledgment of Worker's Compensation Signed [Date: \_\_\_\_\_ ]
- [ ] Volunteer Waiver and Release Signed [Date: \_\_\_\_\_ ]
- [ ] Volunteer Service Statement Signed [Date: \_\_\_\_\_ ]
- [ ] Volunteer Manual Provided to Volunteer [Date: \_\_\_\_\_ ]
- [ ] License Verification Obtained [Date: \_\_\_\_\_ ]
- [ ] DMV print out and copy of DL Obtained (copy attached) [Date: \_\_\_\_\_ ]
- [ ] Health/Physical Issues Addressed and Reviewed (medical notes/records attached, if necessary) [Date: \_\_\_\_\_ ]

*(Application for Volunteer 1/26/11)*