

CITY OF CHINO

Volunteer Application



Thank you for your interest in the City of Chino's Volunteer Program. Knowing your skills, interests and availability will help us find the best assignment for you. Please complete **Part One** of this application as completely as possible. **Part Two** is not required for Special Event/One-Day or Special Project Volunteers.

Additional application forms and background investigations will be required prior to placement for volunteers applying for positions relating to public safety, contact with minors and social service programs.

PART ONE *(Please type, print and complete as much as possible)*

NAME: _____
First *Last* *MI*

ADDRESS: _____
Street *City* *Zip Code*

TELEPHONE: () _____ () _____ () _____
Home *Work* *Cell or Message*

DRIVER'S LICENSE #: _____ **EXPIRATION:** _____

Person to contact in case of an emergency: _____ **Telephone:** () _____

Have you volunteered for the City of Chino before this? Yes No If yes, when? _____

Have you ever been convicted of any crimes other than minor traffic citations? Yes No

List and discuss any convictions. Each case is considered on its own merits. _____

NOTE: This question seeks information on any conviction from any point in your life *(This includes conviction as a minor)* even if the conviction was removed from your record. Failure to accurately respond to this question shall result in either your rejection from volunteer service or dismissal. Applicants should verify their legal obligation to report certain convictions as specified by **Labor Code Section 432.8**.

Area of Interest: *(Please check appropriate box and see Volunteer Opportunities Listing for descriptions.)*

Administration: *TV Camera Operators* *Clerical Aide*

Community Development: *Administration Aide*

Community Services: *Administration* *After School Programs* *Chino Youth Museum*
Community Outreach and Recreation *Counseling Interns* *Youth Services*

Finance: *Purchasing / Warehouse*

Human Resources: *Administration*

Police: *Chino Police Chaplain Community Ministry* *Explorers* *Mounted Posse*
Community Support Team

Public Works: *Engineering Intern* *Clerical Aide*

Type of Volunteer Service: *(Please check appropriate box.)*

Regular ongoing *Internship* *Special Event/One-Day* *Special Project* *Court Referral*

Are you a relative of anyone currently affiliated with the City of Chino? Yes No

Name of Individual: _____ Relationship: _____

Are there any medical or physical conditions that may require special accommodations? Yes No

If yes, please specify. _____

I understand that I am providing volunteer service to the City of Chino and as such am not entitled to compensation or benefits otherwise offered to employees of the City of Chino. My services are offered freely, without direct or indirect pressure or coercion from any representative of the City. I understand that time volunteered will not be considered as hours worked under the Fair Labor Standards Act. I understand that upon termination of this volunteer service, I am not eligible for any unemployment insurance compensation.

I certify that all statements made in the Application are true and complete and I authorize investigation of all matters contained. I agree and understand that any misrepresentation or omission of a matter of fact may be justification for rejection of my application. I also authorize the employers, schools and persons named in this application to provide any additional information regarding my qualifications and character.

As a condition of my volunteer service with persons who are receiving services or other assistance from the City of Chino, I agree not to divulge any information regarding these persons. The unauthorized release of confidential information is a violation under state law. I understand the City's requirements and policy on observing confidentiality and my responsibility to follow this policy in my role as a volunteer.

Signature: _____ **Date:** _____

Signature of Parent or Legal Guardian : _____ **Date:** _____
(If under age 18)

Turn over for Part Two (2)

PARTS TWO (2) - Please complete if you plan to be a regular ongoing, internship, or are a court referral volunteer. (Not required for Special Event/One-Day or Special Project Volunteers)

Please fill out all applicable sections.

Please briefly describe why you are interested in volunteering for the City of Chino.

Availability

Date available to start: _____ Hours available per week: _____

Check days available: *Monday* *Tuesday* *Wednesday* *Thursday* *Friday* *Saturday* *Sunday*

Preferred hours: Morning Afternoon Evening Specific Hours _____

Education

Check highest grade completed. High School: 9th 10th 11th 12th
 College: 1st 2nd 3rd 4th more

Please list any institutions attended and degrees, certifications, or credentials which may be relevant.

<i>School / College</i>	<i>Major Subject (s)</i>	<i>Degree</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Foreign Languages: _____ *Speak* *Read* *Write*
 _____ *Speak* *Read* *Write*

Specialized Skills / Training: (i.e.. clerical, computer, drafting, graphic design, carpentry, painting, research procedures, social services, etc.)

Experience: *Please describe any relevant work or volunteer experience.*

Personal / Work References

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship/Association</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please briefly describe why you are interested in volunteering:

Please return this application to the department you applied with or:

In person to City Hall

City of Chino
 Community Services Department (2nd Floor)
 13220 Central Avenue
 Chino, CA 91710

Send by Mail

City of Chino
 Community Services Department
 P.O. Box 667
 Chino, CA 91708-0667

For additional information, please call Community Services Department, Volunteer Coordinator at (909) 591-9831 or leave a message on the information line at (909) 590-5515 or by email at communityservices@cityofchino.org.

▼ **Box below to be completed by Volunteer Coordinator and office personnel.** ▼

Date received: _____	Department Assigned: _____
Date Fingerprints processed: _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/>

Thank you for your interest!