



City of Eastvale
 Volunteer Application
 12363 Limonite Avenue, #910
 Eastvale, CA 91752

Please Print Clearly in Ink or Type. No action will be taken on this application until all questions have been answered COMPLETELY and ACCURATELY and the application has been SIGNED and DATED.

Volunteer Interest:

- Internship Program:
- Administration/Finance
 - Community Development/Planning
 - Clerical
 - Other (please specify) _____
 - Public Works/Engineering
 - Code Enforcement

Name _____
 Last First Middle Initial

Address _____
 Street City State Zip Code

Home Phone (____) _____ Cell (____) _____

Business Phone (____) _____ E-Mail address _____

Answer All Questions Completely. Incorrect or False Statements are Cause for Rejection or Dismissal.

From what source did you learn of this position? Newspaper Personal Inquiry Job Bulletin Web Site

Is your volunteer work required? YES NO If yes, through what organization/school? _____

Dates available: From _____ To _____

Days/Hours available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Do you have a valid California driver's license? YES NO Number: _____

Please state the limits of your liability auto insurance. \$ _____
 Insurance Company Name and Policy Number _____

Name	Address	Tel. No.	Relationship

Persons to notify in case of emergency:

Have you ever been fired or forced to resign a position? YES NO If yes, explain:

Have you at any time in your life been convicted, in other than a juvenile court, of a felony or misdemeanor other than minor traffic violations? YES NO A criminal record does not constitute an automatic bar for consideration but may be taken into account in terms of the work to be performed. If yes, give date, city, offense and disposition:

List any language(s) other than English you can speak and understand: _____

Special Skills, Interests or hobbies: _____

EDUCATION AND TRAINING

Name and Location of	Did you Graduate	Degree or Certificate	Study Emphasis
High School			
College			
Post Graduate			
Business/Trade School			

Work/Volunteer Experience: List all relevant positions you have held in the past ten (10) years. Account for part-time, military, summer positions, periods of unemployment, etc.

Date (Month/Year)	Employer	Supervisor
From _____ To _____	Name _____	Name _____
Salary _____	Street _____	Position _____
Total Weekly Hours _____	City/State _____	Phone No. _____
Job Title _____		
Duties _____		

Reason for Leaving: _____		

Date (Month/Year)	Employer	Supervisor
From _____ To _____	Name _____	Name _____
Salary _____	Street _____	Position _____
Total Weekly Hours _____	City/State _____	Phone No. _____
Job Title _____		
Duties _____		

Reason for Leaving: _____		

Date (Month/Year)	Employer	Supervisor
From _____ To _____	Name _____	Name _____
Salary _____	Street _____	Position _____
Total Weekly Hours _____	City/State _____	Phone No. _____
Job Title _____		
Duties _____		

Reason for Leaving: _____		

I hereby certify that all statements made in this application are true and complete to the best of my knowledge and belief. I understand that any false statements on this application are grounds for disqualification or dismissal. I authorize the City of Eastvale to investigate my qualifications, employment record or character through inquiries to any sources mentioned in this application, unless otherwise stated. I understand that consideration for the volunteer program is conditioned on satisfactory results from a criminal background check by means of a live scan fingerprint procedure conducted by the Department of Justice, and a pre-employment medical examination, which may include a drug test. I also understand that I will be required to provide satisfactory proof of my identity and legal authorization to work in the United States on my first day of work.

Signature _____

Date _____

RELEASE OF ALL CLAIMS AND LIABILITY

In consideration of the acceptance of my participation in the Eastvale Volunteer Program, I hereby waive, release and discharge and covenant not to sue the City of Eastvale, its employees, officers and agents (hereinafter referred to as 'releases') from all liability to me, or my personal representatives, assigns, heirs and next of kin for any loss, damage, or claim(s) therefore on account of injury to me or my property, whether caused by any negligent act or omission of the releases or otherwise while I am participating in the City activity or using any City facilities in connection with the activity. I hereby agree to indemnify and hold harmless the releases from all liability, claims, demands, causes of action, charges, expenses, and attorney fees resulting from involvement in this activity whether caused by any negligent act or omission of the releases or otherwise. This release is intended to discharge, in advance, sponsors, officials and any and all involved municipalities and/or municipal employees from and against any and all liability arising out of or connected in any way with my participation in said program, even though that liability may arise out of negligence or carelessness on the part of the persons of entities mentioned above. I expressly agree that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law. I have fully read this form and fully understand the contents thereof and hereby freely and willingly apply my signature below as my agreement to this release of liability form.

Volunteer Applicant's Name (Print)

Date

Volunteer Applicant's Signature

FOR STUDENT VOLUNTEERS UNDER 18 ONLY

References: Name two previous volunteer or personal references (living at a different address) that you have known for at least two years.

	NAME	ADDRESS	RELATIONSHIP	TEL. NO.
1				
2				

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Volunteer Applicant's Name (Print)

Date

Parent/Guardian Name (Print)

Date

Volunteer Applicant's Signature

Date

Parent/Guardian Signature

Date