



# VOLUNTEER APPLICATION FORM

1110 West Capitol Ave., West Sacramento, CA 95691

Office: (916) 617-4620 FAX: (916) 372-5329 Email: [parks@cityofvestsacramento.org](mailto:parks@cityofvestsacramento.org)

Thank you for taking the time to complete this application. We look forward to working with you and appreciate your generous offer to share your time and talents with our community. Please type or print clearly. Applicants must be at least 13 years of age. **If interested in only 8 hours of community service, please refer to the Community Service Application.**

<b>Date:</b> _____	<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>	<b>Age:</b> _____
<b>Last Name:</b> _____	<b>First Name:</b> _____		
<b>Address:</b> _____	<b>City:</b> _____		
<b>Zip:</b> _____	<b>Home Phone:</b> _____	<b>Cell/Work Phone:</b> _____	
<b>Email Address:</b> _____			

<b>Please check the area(s) you would like to volunteer in:</b>	
<input type="checkbox"/> Coaching: (sport)_____	Child's Name: _____ Age: _____
<input type="checkbox"/> Head Coach / <input type="checkbox"/> Assistant Coach for: _____ Age Group: _____	
<input type="checkbox"/> City Pride/Beautification	<input type="checkbox"/> Volunteer Program Coordination
<input type="checkbox"/> Special Olympics/Special Populations	<input type="checkbox"/> Special Events/Event Planning
<input type="checkbox"/> Tree Planting/Tree Care	<input type="checkbox"/> Senior Services/Senior Center
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> <b>I am a Returning Volunteer. Last year I volunteered for:</b> _____	

Languages Spoken/Familiar with: \_\_\_\_\_

Do you have any of the following certifications: CPR \_\_\_\_\_ First Aid \_\_\_\_\_

How did you hear about volunteering with the West Sacramento Parks & Recreation Department?  
\_\_\_\_\_

**HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO**

If yes, please provide details on a separate sheet of paper and submit with your application.

NOTE: CONVICTIONS ARE EVALUATED FOR EACH POSITION AND ARE NOT NECESSARILY DISQUALIFYING. DRUNK, RECKLESS OR HIT-RUN DRIVING ARE NOT MINOR VIOLATIONS. The California Fair Employment and Housing Commission also prohibits asking applicants about convictions that have been sealed, expunged or legally eradicated, or misdemeanor convictions for which probation was completed and the case was dismissed.

FOR OFFICE USE ONLY			
<input type="checkbox"/> New	<input type="checkbox"/> Returning	<input type="checkbox"/> Entered in Database	
<input type="checkbox"/> CPR	<input type="checkbox"/> First Aid	<input type="checkbox"/> Fingerprint Clearance	
<input type="checkbox"/> Program Specific Training		<input type="checkbox"/> Background Clearance	
<input type="checkbox"/> TLC Training		<input type="checkbox"/> MPN Acknowledgement	

Application Continued on Reverse Side

By submitting this application, I, \_\_\_\_\_, affirm that the facts set forth are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in either the denial of my application or my immediate dismissal. **I further agree to participate in a comprehensive background check (at the city's expense).**

I, the undersigned, authorize and give consent for The City of West Sacramento to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Volunteer Applicant Name (Print): \_\_\_\_\_

Volunteer Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (If under age 18): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

It is the intent of the West Sacramento Parks & Recreation Department to provide equal opportunity to all volunteers in all terms, privileges and conditions without regard to sex, race, religion, national origin, disability or any other factor.