

Volunteer Application

Date: _____

Please select a position that interests you off the list of Volunteer Job Descriptions and submit your application directly to the department or program. The program may follow-up with additional application materials. You can also email your application to volunteersantarosa@srcity.org and indicate your interest area.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- One-time Opportunity
 Ongoing Volunteer Position
- Weekday mornings
 Weekend mornings
- Weekday afternoons
 Weekend afternoons
- Weekday evenings
 Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, education, foreign or sign language, previous volunteer work, or through other activities, including hobbies or sports.

Education: Current HS Student High School Grad College 2 yr 4 yr

Vocational School (list):

Foreign/Sign Languages (list):

Typing WPM Touch Ten Key Yes No

Computer Experience (describe):

Previous Volunteer and Work Experience

Summarize your previous volunteer and work experience.

Job Title	Company/Organization	Duties	How Long	
				<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
				<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
				<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer
				<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer

Transportation

Do you Drive Yes No Do you have auto insurance? Yes No

If you don't drive, how will you reach your volunteer job?

Have you been put on probation or has your driver's license been suspended or revoked in the last five years? Yes No

If yes, please explain:

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it 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 my immediate dismissal. I authorize the City to perform a background check as necessitated by the volunteer position for which I am applying. I do hereby release, waive, discharge and relinquish City of Santa Rosa and their officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to my participation in the volunteer activity, whether same shall arise by their negligence or otherwise. Furthermore, I warrant that I am in good health and have no physical condition that would prevent me from volunteering in this capacity.

Name (printed)	
Signature	
Date	

City of Santa Rosa Volunteer Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.