Volunteer Services
201 South Rengstorff Avenue
P.O. Box 7540
Mountain View, CA 94039-7540
www.mountainview.gov

VOLUNTEER APPLICATION

"Keeping citizens connected,
keeps communities strong!"

PERSONAL

Last Name: ______________ First Name: ______________
Address: ______________ City: __________ State: ____ Zip Code: ________
Home Phone: __________ Cell Phone: __________ Work Phone: __________
E-mail Address: ______________
Drivers' License No.: ______________ Month and Day of Birth: ______________

EDUCATION

Circle the highest grade of school you have completed: 1 2 3 4 5 6 7 8 9 10 11 12 More
Name of School/College/University: ______________ Degree: ______________
If you are currently a student, please check one: ☐ Full-Time Student ☐ Part-Time Student
Special Training, License or Skills: ______________

WORK/VOLUNTEER EXPERIENCE

Employment Status (check all that apply)

☐ Employed Full-Time
☐ Employed Part-Time
☐ Temporarily Unemployed
☐ Looking for Work
☐ Homemaker
☐ Retired

Name of Employer: ______________ Job Title: ______________
Responsibilities: ______________

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Responsibilities: ______________

CONVICTIONS

Have you ever received any vehicle citations for moving violations within the last five years? ☐ YES ☐ NO
If YES, please explain fully on the lines below. Attach a separate sheet if the space is not adequate. (A YES answer is not an automatic bar for a volunteer position. Each case is considered individually for positions requiring a valid California driver's license.)

Have you ever been convicted of a felony or misdemeanor or been on parole or probation? ☐ YES ☐ NO
If YES, please explain fully on the lines below. Attach a separate sheet if the space is not adequate. List all convictions after your 18th birthday. (A YES answer to this question does not automatically bar you from a volunteer position. Each case is considered individually. Do not disclose convictions that are over two years old which involve violations of Health and Safety Code Sections 11357, 11360, 11364, 11365 or 11550, as those statutes related to marijuana prior to January 1, 1976, or a statutory predecessor to those statutes.)

SKILLS OR AREAS OF INTEREST

Why do you want to volunteer with the City of Mountain View? ____________________

What type of volunteer experience are you looking for? ____________________

Would you be willing to be "on-call" for special events or assignments? ☐ YES ☐ NO

Do you have transportation to and from your volunteer assignment? ☐ YES ☐ NO

How did you hear about the Volunteer Service Program? ____________________

Please list any special skills or areas of interest you may have: ____________________

DEPARTMENTS AND PROGRAMS

Check the appropriate area(s) in which you are interested in volunteering:

☐ Special Events
☐ Environmental Docent
☐ Shelving Assistant (Library)
☐ Golf Course
☐ Maintenance Worker (DHF, Parks)
☐ Photographer
☐ Office Assistant
☐ Teaching Docent
☐ Park Ranger
☐ Police Department Volunteer
☐ Garden Volunteer (DHF, Shoreline)
☐ Data Entry
☐ Art Docent
☐ Mediator
☐ Program Instructor
☐ Fire Department Volunteer
☐ Receptionist
☐ Other ____________________

EMERGENCY CONTACT

Name: ____________________ Relationship: ____________________
Address: ____________________ City: ____________ State: _____ Zip Code: __________
Home Phone: ____________ Cell Phone: ____________ Work Phone: ____________

AGREEMENT

I hereby certify that all statements made in this application and any additional supporting documents are true and I authorize investigations of all matters contained in the application material. I agree and understand any misstatement or omission of material fact on this application will cause forfeiture on my part of all rights while volunteering with the City of Mountain View. I agree to furnish such proof of age, citizenship, licenses and education as may be requested; and, if required by the position for which I am applying, I further agree to be fingerprinted/backgrounded and to submit to a complete medical examination by a City physician.

I understand that is the policy of the City of Mountain View to preserve the right to equal opportunities for all persons, including those with physical, mental or sensory disabilities. Candidates that may require special assistance in any phase of the application or testing process should advise the Human Resources Division upon submittal of application.

Signature of Applicant: ______________________________ Date: ____________

Signature of Parent/Guardian if Applicant is a Minor: ____________________ Date: ____________