



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 Temporarily Unemployed Homemaker
 Employed Part-Time Looking for Work 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:

- | | | |
|--|--|--|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Art Docent |
| <input type="checkbox"/> Environmental Docent | <input type="checkbox"/> Teaching Docent | <input type="checkbox"/> Mediator |
| <input type="checkbox"/> Shelving Assistant (Library) | <input type="checkbox"/> Park Ranger | <input type="checkbox"/> Program Instructor |
| <input type="checkbox"/> Golf Course | <input type="checkbox"/> Police Department Volunteer | <input type="checkbox"/> Fire Department Volunteer |
| <input type="checkbox"/> Maintenance Worker (DHF, Parks) | <input type="checkbox"/> Garden Volunteer (DHF, Shoreline) | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Data Entry | <input type="checkbox"/> 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: _____