



Volunteer Application

PARKS AND RECREATION
DEPARTMENT

AN EQUAL OPPORTUNITY EMPLOYER

280 N. Third Avenue
Oakdale, CA 95361
Phone: (209) 845-3571
www.ci.oakdale.ca.us

PLEASE READ THE FOLLOWING INSTRUCTIONS BEFORE COMPLETING: We cannot process incomplete, undated, or unsigned applications. Neither can we be liable for materials lost or delayed in the U.S. Mail. To apply for a posted volunteer position, list the title of the position and the associated recruitment number. To apply for any volunteer positions, leave the title of the position and recruitment number blank. FILL IN ALL ITEMS IN DARK INK OR TYPE.	DEPARTMENT USE ONLY Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/> Initials: _____ Date: _____
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Title of Position: _____	Recruitment #: _____
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PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Number and Street Name City State Zip

Home Phone: (____) _____ Work Phone: (____) _____

Other Phone: (____) _____ E-Mail: _____

Driver's License Number
 1. Class: _____ Number: _____ State: _____ Expiration Date: _____

EMPLOYMENT INFORMATION

Have you ever worked or do you currently work for the City of Oakdale? Yes No
 If yes, please list employment dates: _____ to _____ and Badge #: _____

Do you have any relatives employed at the City of Oakdale? Yes No
 If yes, give name(s) and relationship: _____

AVAILABILITY:

Available hours per week _____ Days Available (please circle): M T W TH F SA SU

Time of day available _____

Are you presently employed or in school? Yes No
 If yes, list hours per week: _____ Employer/School: _____

Is transportation a factor affecting when or where you volunteer? Yes No

Would you be willing to be "on-call" for special assignments? Yes No

Duration of commitment: From: _____ to _____
mo./day/yr. mo./day/yr.

Have you ever been convicted of any crime OTHER THAN (1) a marijuana-related conviction that occurred more than two years ago; and (2) an offense for which you were referred to, and participated in, any pretrial or postrial diversion program?
 Yes No

If yes: Please state the date of conviction, the county and state, and the nature of the offense.

Note: An affirmative response to this question will not result in your automatic disqualification for employment.

The Human Resources Department will make reasonable efforts in the examination process to accommodate disabled applicants. If you have special needs, call (209) 845-3595.

EDUCATION, SKILLS, AND TRAINING

Name of High School _____		City/State/Country _____		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No		Equivalency Certification (GED) <input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University	City and State	Major	Total Units Earned		Degree(s)		
			Semester	Quarter			

Other Skills and/or Abilities:

Bilingual? Yes No If yes, other language spoken? _____

EXPERIENCE AND INTERESTS

What are your goals for volunteer work now?

Volunteer History:

Organization:	Start Date (MM/YY):	End Date (MM/YY):
Organization's Address:	Weekly Hours Worked:	Phone Number:
Duties:		

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Organization's Address:	Weekly Hours Worked:	Phone Number:
Duties:		

Check appropriate skills or areas in which you are interested in volunteering:

Volunteer Assignment

- | | | | |
|--|-------------------|--|------------------|
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Performing Arts | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Clerical |
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Photography | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Crime Prevention |
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Interviewing | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Graphic Arts |
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Web Design | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Recruiting |
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Writer | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Gardening |
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Research | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Scanning |
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Nutrition/Meal | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Teacher/Trainer |
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Sports/Activities | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Arts & Crafts |
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Recycling | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Entertaining |
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Word Processing | | |

Population

- | | | | |
|--|--------------------|--|-------------|
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Friendly Visiting | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Adults |
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Mass Mailings | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Seniors |
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Desktop Publishing | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Adolescents |
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Cooking | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Children |
| <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Receptionist | <input type="checkbox"/> Skill <input type="checkbox"/> Interest | Disabled |

ACKNOWLEDGEMENT AND UNDERSTANDING

Criminal Background Check: In order to serve the best interest of the citizens of the City of Oakdale, a criminal background check may be conducted on all potential volunteers.

Waiver of Liability and Hold Harmless

I understand that while volunteering for the City of Oakdale, I must comply with all requirements, rules and regulations established by the City.

I applied to volunteer my services and time to the City as a volunteer employee and fully understand that my participation may involve risk of serious injury or death, including losses which may result not only from my own action, inaction or negligence, but also from the actions, inactions, or negligence of others, the condition of the the facilities, equipment, or areas where the event, activity, or work is being conducted. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the Community Volunteer Coordinator before I sign this document and before my volunteer assignment begins.

I certify that I am in good health and I have no physical condition that would prevent participation in this work assignment.

Knowing and understanding the risks involved with participation in City activities or work assignments, I hereby voluntarily and willingly assume responsibility for all risks and danger associated with my participation in the assignment. I agree I am financially responsible for any losses resulting from my action and will indemnify, defend, and hold harmless the City of Oakdale, the City Manager, employees, volunteers, and agents of each of them for any loss or damage caused by myself/minor during this assignment.

In consideration of my participation in the volunteer assignment, I hereby waive all claims or causes of action, against the City of Oakdale, the City Manager, directors, employees, volunteers, and agents of each of them, arising out of my participation in the assignment and hereby release, hold harmless, and discharge the City of Oakdale, the City Manager, employees, volunteers and agents of each of them from all liability in connection therewith.

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the City of Oakdale, the City Manager, employees, volunteers, and the agents of each of them is knowingly given up in return for allowing my participation in the assignment. My signature on this document is intended to bind not only myself but also my successors, heirs, and representatives.

Applicant's signature: _____ Date: _____

I authorize the City of Oakdale to investigate all statements contained in this application and any supporting documents and I understand that a background check may be conducted

Applicant's signature: _____ Date: _____

All Volunteers Under 18 Years of Age Must Have Parent or Legal Guardian Complete This Section Consent of Parent or Legal Guardian for Minor's Participation as a Volunteer

I, _____, the parent or legal guardian of _____ choose to permit him/her to participate as a volunteer for the City of Oakdale (City). I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and direction provided by those helping to administer the volunteer program.

Parent or Legal Guardian's Signature: _____ Date: _____