

VOLUNTEER APPLICATION

Last Name: _____ First Name: _____
 Check Age: ___ Under 18 ___ Adult (18+) If under 18 years old, please enter birthdate: _____
 Address: _____ City: _____ State: ___ Zip Code: _____
 Primary Phone: _____ Secondary Phone: _____
 Email Address: _____

EDUCATION

Circle the highest grade of school you have completed: 1 2 3 4 5 6 7 8 9 10 11 12 More
 List Special Training, License, or Skills: _____

VOLUNTEER AVAILABILITY

Available Hours: _____
 Check One: ___ Daily ___ Weekly ___ Monthly ___ One-Time
 Duration of Availability: _____

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? _____

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"/> Center for the Performing Arts Usher | <input type="checkbox"/> Cool Block Leader (Sustainability) | <input type="checkbox"/> Deer Hollow Farm |
| <input type="checkbox"/> Community Gardens | <input type="checkbox"/> Library | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Teen Center—Tutor | <input type="checkbox"/> Safe Routes to School (Transportation) | <input type="checkbox"/> Police Explorers Program |
| <input type="checkbox"/> Receptionist (Senior Center) | <input type="checkbox"/> Rengstorff House Docent | <input type="checkbox"/> Community Emergency Response Team (CERT) |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Translator | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Technology Assistance (Senior Center) | <input type="checkbox"/> Vegetation Maintenance (Shoreline) | _____ |

EMERGENCY CONTACT

Name: _____ Relationship: _____
 Address: _____ City: _____ State: ___ Zip Code: _____
 Primary Phone: _____ Secondary Phone: _____

CONVICTIONS (*NOTE: Do not disclose convictions that are judicially sealed, dismissed, expunged, or statutorily eradicated.*)

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 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 are related to marijuana prior to January 1, 1976, or a statutory predecessor to those statutes.)

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, 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.

I, the below signed, agree to indemnify and hold the City of Mountain View harmless and hereby waive, release, and discharge any and all claims for loss or damage, for death, personal injury, bodily injury, or property damage which I may have or which hereinafter may accrue to me against the City of Mountain View, its City Council, employees, agents, and volunteers for any liability arising out of or connected in any way while volunteering with the City of Mountain View, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from volunteering with the City of Mountain View; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of myself, my heirs, and assigns and to release and to hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release, and assumption of risks has been freely entered into and is to be binding on me and on my heirs and assigns.

In addition, I give permission to the City of Mountain View to use my and/or my child's photograph or likeness, or that of a pet or personal property, for promotional use in any City-related media.

I understand that as a volunteer with the City of Mountain View, I agree to avoid any activity that could be seen as a conflict of interest, such as accepting gifts or favors from individuals or businesses that could be seen to be an attempt to influence a City decision.

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 Department upon submittal of application.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian (if Applicant is a Minor): _____ Date: _____