



Improving Grover Beach Through Volunteer Service Application Form

Please print clearly and in black or blue ink.
Return application to City Hall, 154 S. 8th Street



Completion of the volunteer application does not guarantee placement or engagement as a City of Grover Beach volunteer program participant. All volunteer applicants are considered without regard to race, color, religion, gender, national origin, age, sexual orientation, marital status, and non-job-related medical condition or disability. For more information please call (805) 473-4580.

Visit our website at www.groverbeach.org

Choose one: Miss Ms. Mrs. Mr. I prefer to be called by the name: _____

Full Name: _____ Driver's License Number: _____

Address: _____ City: _____ Zip Code: _____

Daytime Phone: (____) _____ Evening Phone: (____) _____

Email: _____

Emergency Contact Name: _____ Relationship: _____

Daytime/Cell Phone: (____) _____ Evening Phone: (____) _____

Availability & Assignment Request

How often would you like to volunteer? _____ When are you available to start? _____

What is the length of time that you are available to volunteer?

6 Months 1 Year Seasonal Ongoing Other Explain if needed _____

Weekdays Evenings Weekends Once a week Twice a week Other Explain if needed _____

Please mark the days and times that you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Please check all areas of interest:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Skate Park | <input type="checkbox"/> Senior Programming | <input type="checkbox"/> Flyer Distribution |
| <input type="checkbox"/> Clerical Support | <input type="checkbox"/> Special Events | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Teaching classes/workshops |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Marketing/Sponsorships | <input type="checkbox"/> Park Clean Up | <input type="checkbox"/> Trail Docent |
| <input type="checkbox"/> Park Patrol-Law Enforcement
Citizen's Assistance Team
(additional application necessary) | <input type="checkbox"/> Adopt a Park/Bench/Table | <input type="checkbox"/> Parks, Recreation &
Beautification Commissioner
(additional application necessary) | <input type="checkbox"/> Advisory Body |
| | | | <input type="checkbox"/> Other _____ |

Related Experience-If Applicable

Education:

Name of School	Major Course of Study	Degree/Diploma
1. _____	_____	_____
2. _____	_____	_____

Work/Volunteer Experience:

Employer/Agency Name	Position	Contact Name/Phone	Dates:	Voluntary or Paid
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Please list any special certificates, licenses, or registrations (First Aid, CPR, etc.)?

Interests and Special Skills

(Please attach your answers on a separate sheet if needed)

What special skills, interests, or hobbies would you like to share? _____

What are your goals as a volunteer? _____

Do you have any special needs or restrictions? _____

Languages spoken other than English: _____

List any volunteer affiliation you have with an organization or special program (i.e., school, scouts, club, etc.)? _____

References

Provide two references who are not relatives that are familiar with your academic, professional, or volunteer service:

1. _____
 Name Relationship Address Phone Number

2. _____
 Name Relationship Address Phone Number

If you are over 18:

Have you ever been arrested or convicted of a felony or a misdemeanor? Yes No

A "yes" answer is not an automatic bar from placement; however, a false statement will disqualify you. If yes, please explain fully. Attach other sheets if necessary. _____

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and I authorize investigation of all matters contained in this application or data pertinent to my volunteering. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal. I understand and agree that in the performance of voluntary services I am not a City of Grover Beach employee and shall have no rights to wages or benefits and no promise, expressed or implied, of consideration for future employment.

I agree to indemnify and hold the City of Grover Beach, its employees and contractors, harmless from any and all liability for any injury that may be suffered arising out of or in any way connected with my participation in this program. I also agree to grant full permission to the City of Grover Beach to use my name and any photographs, videographs, motion pictures, or recordings for any purpose whatsoever without any obligation, liability, or compensation to me. I understand that based on my volunteer service assignment that I may be finger printed (at no cost) and my background may be subject to review by the Department of Justice and FBI.

Signature of Applicant: _____ Date: _____

I UNDERSTAND AND AGREE ON BEHALF OF MY CHILD TO THE TERMS AND CONDITIONS OF THIS APPLICATION AND THE VOLUNTEER PROGRAM.

Signature of Parent/Legal Guardian (if under 18): _____ Date: _____

Print Name of Parent/Legal Guardian: _____

For Office Use Only

HC

Staff Name: _____

Volunteer Position Assigned or Referred: _____

Start Date: _____ Anticipated End Date: _____

Volunteer Schedule:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Total Hours per Week: