



# CITY OF CHINO COMMUNITY VOLUNTEER CORP APPLICATION

2019

Thank you for your interest in the City of Chino's Volunteer Program. Knowing your skills, interests, and availability will help us find the best assignment for you. Please complete this application as completely as possible. **As required by State law and City policy, all volunteers will be required to submit their fingerprints to the Chino Police Department and receive clearance by the California State Department of Justice before the first day of their on-going volunteer service.**

I am a:  Returning Volunteer  Regular Volunteer

### CONTACT INFORMATION

NAME: \_\_\_\_\_  
*Last First MI*

ALSO KNOWN AS (AKA): \_\_\_\_\_  
*Last First MI*

ADDRESS: \_\_\_\_\_  
*Street City Zip Code*

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Home Work Cell or Message*

EMAIL: \_\_\_\_\_

BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ EXP: \_\_\_\_\_

Are you a minor under 18 years old? Yes  No  Please note: Parental signature needed for minors on reverse side.

Are you a relative of anyone currently affiliated with the City of Chino? Yes  No

Name of Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

### INTERESTS (Please check all that apply.)

Type of service I am applying for:  Internship  Special Project  
 School Credit/Project  Service to Community

Areas in which I am interested:  A.C.E.S. – Ham Radio  Chaplain  
 Chaplain  Explorer  
 Mounted Posse  Internship  
 Other: \_\_\_\_\_

### AVAILABILITY (Please check/circle all that apply.)

Date available to begin:  Mon From: \_\_\_\_\_ am / pm To: \_\_\_\_\_ am / pm  
 Tues From: \_\_\_\_\_ am / pm To: \_\_\_\_\_ am / pm  
Hours needed to complete (if applicable):  Wed From: \_\_\_\_\_ am / pm To: \_\_\_\_\_ am / pm  
 Thurs From: \_\_\_\_\_ am / pm To: \_\_\_\_\_ am / pm  
Date hours to be completed (if applicable):  Fri From: \_\_\_\_\_ am / pm To: \_\_\_\_\_ am / pm  
 Sat From: \_\_\_\_\_ am / pm To: \_\_\_\_\_ am / pm  
 Sun From: \_\_\_\_\_ am / pm To: \_\_\_\_\_ am / pm

Please complete reverse side.

<b>Box is for office personnel.</b>	Date Application Received: _____ / _____ / _____
Staff Assigned/Requested: _____	Approved / Denied Date: _____ / _____ / _____
Special Notes: _____	

Thank you for your interest.

## CONVICTION HISTORY

Have you ever been convicted of a criminal offense other than minor traffic citations?  Yes (See note below)  No

**NOTE:** This question seeks information on any conviction from any point in your life **even if the conviction was removed from your record** (*This includes conviction as a minor*). Failure to accurately respond to this question shall result in either your rejection from volunteer service or dismissal. Applicants should verify their legal obligation to report certain convictions as specified by Labor Code Section 432.8.

If yes, when? \_\_\_\_\_

Please list convictions, each case is considered on its own merits: \_\_\_\_\_

## REFERENCES (Please provide two personal or business references. References should not be related to you.)

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship/Association</u>
_____	_____	_____	_____
_____	_____	_____	_____

## EDUCATION BACKGROUND

Highest grade completed: High School:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> College:  1 yr  2 yr  3 yr  4 yr

Name and Location of School: \_\_\_\_\_

Major, Graduate School Degree, etc.: \_\_\_\_\_

## WORK EXPERIENCE

<u>Name of Business</u>	<u>Address</u>	<u>Phone</u>	<u>Title</u>
_____	_____	_____	_____

## EMERGENCY CONTACT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## VOLUNTEER CERTIFICATION AND AGREEMENT (Please read and sign below.)

I understand that I am providing volunteer service to the City of Chino and as such am not entitled to compensation or benefits otherwise offered to employees of the City of Chino. My services are offered freely, without direct or indirect pressure or coercion from any representative of the City. I understand that time volunteered will not be considered as hours worked under the Fair Labor Standards Act. I understand that upon termination of this volunteer service, I am not eligible for any unemployment insurance compensation.

I certify that all statements made in the Application are true and complete and I authorize investigation of all matters contained. I agree and understand that any misrepresentation or omission of a matter of fact may be justification for rejection of my application. I also authorize the employers, schools, and persons named in this application to provide any additional information regarding my qualifications and character.

As a condition of my volunteer service with persons who are receiving services or other assistance from the City of Chino, I agree not to divulge any information regarding these persons. The unauthorized release of confidential information is a violation under State law. I understand the City's requirements and policy on observing confidentiality and my responsibility to follow this policy in my role as a volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian (if under age 18) \_\_\_\_\_ Date: \_\_\_\_\_

### Please return this application to the department you applied with or:

In person to City Hall: City of Chino  
Administration Department, 2nd Floor  
13220 Central Avenue  
Chino, CA 91710

Send by Mail: City of Chino  
Administration Department  
P.O. Box 667  
Chino, CA 91708-0667

For additional information or to leave a message, please contact Arianna Fajardo, Volunteer Coordinator, at (909) 334-3303 or by email at [afajardo@cityofchino.org](mailto:afajardo@cityofchino.org).

Thank you for your interest.

Revised 1/2/18 by A. Fajardo