



CITY OF CHINO COMMUNITY VOLUNTEER CORP APPLICATION

2018

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.

Box is for office personnel.	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: 9th 10th 11th 12th 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.

Thank you for your interest.

Revised 1/2/18 by A. Fajardo