City of Glendora | Community Services Department

116 East Foothill Blvd., Glendora, CA 91741 (626)914-8228 • CityOfGlendora.org

VOLUNTEER APPLICATION

Thank you for your interest in the City of Glendora'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 have their fingerprints taken by the Glendora Police Department and receive clearance by the California State Department of Justice before the first day of their on-going volunteer service.

NAME OF APPLICANT:				
	Last	Firs	t	MI
ADDRESS:				
Street		City		Zip Code
PHONE NUMBER: ()_		EMAIL:		
DRIVER'S LICENSE #:		EXP:	STATE:	
Are you over 18 years old? ☐Yes	□ No	Please 1	note: Parental signature	needed for minors.
Are you a relative of anyone current	ly employed with th	e City of Glendo	ora? 🗆 Yes 🗆 No	
Name of Individual:		Relationsh	nip:	
INTERESTS (Please check all that	apply)			
Type of volunteer service I am apply	ying for:			
□ Internship □ Special Project	☐School Credit	☐ Service to €	Community	
Areas in which I am interested in vo	lunteering:			
☐ Administration/ Clerical	☐ Senior Service	es		
☐ After School Program	☐ Special Events	S		
☐ Recreation Programs	☐ Youth Basketh	oall		

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AVAILABILITY (Please fill in all that apply)

Please list convictions, each		nal or business		Relationship
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	case is considered	on its own merits	S :	
If yes, when?				
			y Labor Code Section 432.	
question shall result in eit	her your rejection	from volunteer	service or dismissal. Appl	lications should verify their
was removed from your	record (This incl	udes conviction	as a minor). Failure to acc	curately respond to this
NOTE: This question see	eks information on	any conviction	from any point in your lif	e even if the conviction
Have you ever been convi	icted of a criminal	offense other t	han minor traffic citations	? □Yes □ No
CONVICTION HISTOI	RY			
	Saturday:	FROM	TO	
	Friday:		TO	
	•			
	Thursday:		ТО	
	Wednesday:	FROM	TO	
	Tuesday:	FROM	TO	
	Monday:	FROM	TO	
Hours I am available:	3.6 1			

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EDUCATION BACKGROUND

Highest grade comp	leted:				
	High school: □9th	□ 10th	□11th	☐ 12th	
	College: 1 year	r □2 years	□3 years	s □4 years	
Name and location	of school:				
Major, Graduate Sc	hool Degree, etc.:				
WORK EXPERIE	NCE				
Name of Business	Addr	ess		Phone Number	Title
EMERGENCY CO	ONTACT INFORMAT	ION			
First Name:		Last	Name:		
Home: ()	Cell: (_)		Work: ()_	
Address:	City: Zip Code:				Code:
VOLUNTEER CE	RITIFICATION AND	AGREEME	NT		
compensation or befreely, without direct volunteered will not	m providing volunteer so nefits otherwise offered to et or indirect pressure or to be considered as hours volunteer service, I am no	to employees coercion fron worked under	of the City n any repres r the Fair La	of Glendora. My serv sentative of the City. abor Standards Act. I	vices are offered I understand that time understand that upon
matters contained. I justification for reje	ements made in the Appl agree and understand th ction of my application. de any additional inform	at any misrep I also authori	resentation ze the empl	or omission of a mat oyers, schools, and p	ter of fact may be ersons named in this
City of Glendora, I confidential information	y volunteer service with agree not to divulge any ation is a violation under iality and my responsibility.	information r State law. I u	egarding thunderstand t	ese persons. The una the City's requiremen	uthorized release of its and policy on
Signature:				Date:	
Signature of Parent	or Legal Guardian (if un	der 18)		Date:	