CITY OF ROSEVILLE
VOLUNTEER APPLICATION

Last Name	First Name	Middle Name
Mailing Address (number, street, apt. no.)		

City	State	Zip Code	Email Address

Home Phone	Cell/Message Phone	If required by the position, Valid California Driver's
( )	( )	License No: _____ Exp. Date:___/____

Are you a United States citizen or lawfully admitted permanent resident of the United States? ☐ Yes ☐ No	Are you under age 18? ☐ Yes ☐ No	Birth month/Day (Optional)

IF YOU ANSWER YES TO QUESTIONS #2 OR #3 BELOW, PLEASE GIVE DETAILS BELOW. USE A SEPARATE SHEET OF PAPER IF NEEDED.

		REMARKS
1. Do you have a disability which may limit your ability to perform the job for which you have applied?	☐ Yes ☐ No	
2 Except as follows, since your 18th birthday have you been convicted of a violation of the law? Do **NOT** disclose the following: (1) information regarding an arrest or detention that did not result in a conviction; (2) minor traffic violations (e.g., speeding or parking tickets); (3) information regarding referral to, and participation in, any pretrial or post-trial diversion program; (4) convictions for which the record has been judicially ordered sealed, expunged or statutorily eradicated; (5) marijuana-related convictions described in California Labor Code Section 432.8, if it has been more than two years from the date of conviction; and (6) any misdemeanor conviction for which probation has been judicially dismissed pursuant to California Penal Code Section 1203.4. Background checks will be conducted. A YES answer will not automatically disqualify you.	☐ Yes ☐ No	#2
3. Have you ever worked for the City of Roseville? If yes, what department?	☐ Yes ☐ No	#3
4. Have you ever been discharged from a position?	☐ Yes ☐ No	#4

JOB RELATED SCHOOLING AND TRAINING

EDUCATION: (Circle highest grade completed) 8 or below 9 10 11 12 13 14 15 16 17 18

High School Graduate/GED: Yes/ No (Circle One)

Certificate of Training, Licenses or Professional Registrations:

WORK EXPERIENCE:

Are you currently employed? (Check as many as apply)

___ Full Time ___ Part-time ___ Temporarily Unemployed ___ Full-time Student ___ Part-time Student ___ Retired

CURRENT EMPLOYER OR SCHOOL:

Name: _____ Phone: _____

Address:_____

_____

REFERENCES:

BELOW FULLY DESCRIBE ANY ADDITIONAL SKILLS, KNOWLEDGE OR SPECIAL TRAINING YOU POSSESS:

	Typing speed (optional)

What type of volunteering are you most interested in?

What are your goals for a volunteer position?

EMERGENCY INFORMATION

This information is strictly voluntary and will be kept confidential and used only in the event of a medical emergency.

Person to contact:_____ Phone: _____

Family Physician:_____ Phone: _____

Are you presently under a physician's care? _____ If yes, please specify _____

Are you presently taking any medication? _____ If yes, please list them:_____

Please list any allergies/existing medical conditions: _____

_____

Allergies: _____

_____

Existing medical conditions: _____

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 the application. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that a background investigation will be required before placement in the Police or Fire Departments, and for any sensitive volunteer position. I am aware that fingerprinting will be conducted for all volunteer positions that supervise vulnerable populations.

Signature of Applicant: _____ Date: _____

Interviewed by: _____ Department: _____ Date: _____

Return completed form to: City of Roseville Volunteer Center
311 Vernon Street, Roseville, CA 95678

Revised 6/19/13