APPLICATION FOR
NON-PAID VOLUNTEER POSITIONS

CITY OF ORANGE
300 E. Chapman Avenue
Orange, CA 92866

Personnel Only
Reviewed by: ____
Date: _____
Continue:
Yes ☐ No ☐

Title of Position: _____

Department: _____

INSTRUCTIONS: Answer all questions accurately and completely All statements may be subject to verification Please return this application to the Personnel Services Department, 300 E Chapman Ave., Orange, CA 92966 (714) 744-7255. The City of Orange encourages the service of volunteers and such service is at the sole discretion of the City. Volunteers agree that the City may at any time, for whatever reason, change the duties assigned to a volunteer, transfer the volunteer to a different assignment, or terminate the volunteer's relationship with the City.

Name: _____
(Last) (First) (Middle)

Address: _____
Number and Street City State Zip Code

Telephone:_____ Social Security Number: _____
(Work) (Home)

California Driver's License Number: _____ Class: _____ Expiration: _____

Have you ever been convicted of a misdemeanor or felony by a court of law or a military tribunal since your 18' birthday? Yes ☐ No ☐ If yes, explain: _____

_____

Check your availability to volunteer on the following days and times:

☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	☐ Saturday	☐ Sunday
☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.	☐ a.m.
☐ p.m.	☐ p.m.	☐ p.m.	☐ p.m.	☐ p.m.	☐ p.m.	☐ p.m.

Can you perform the essential functions of the assignment either with or without reasonable accommodation? Yes ☐ No ☐ If necessary, describe what type of accommodation is necessary.

_____

School Currently Attending: _____ **Highest Grade Completed:** _____
High School Graduate/or GED?: _____ **Highest Degree Earned:** _____

List Colleges, Universities or Trade Schools attended:

Name of School	Course of Study	Degree or Units Completed

List related Professional, Occupational, Business Certification, or Trade License(s):

Type of Certificate/License	Expiration Date	City & State Issued

List current employer and related experience to the volunteer position you are applying for:

EMPLOYER NAME	ADDRESS (including zip code)	TELEPHONE
POSITION TITLE	SUPERVISOR/TELEPHONE	DATES OF SERVICE (Mo./Yr.) From TO
DUTIES:		
EMPLOYER NAME	ADDRESS (including zip code)	TELEPHONE
POSITION TITLE	SUPERVISOR/TELEPHONE	DATES OF SERVICE (Mo./Yr.) From TO
DUTIES:		

Please describe why you are interested in volunteering for the City of Orange and any special skills you have. _____

_____

_____

_____

Please list three (3) personal references who have known you for at least one year:

Name:_____ Relationship: _____ Telephone Number: _____	Address: _____ _____ Number of years of acquaintance: _____
Name: _____ Relationship: _____ Telephone Number: _____	Address: _____ _____ Number of years of acquaintance: _____
Name: _____ Relationship: _____ Telephone Number: _____	Address: _____ _____ Number of years of acquaintance: _____

Are you related to any current City of Orange employee(s)? If yes, list name and department:

_____

I certify that all statements made in this application and any additional statements pertaining thereto are true and complete to the best of my knowledge and belief I understand that as part of the background check, I am required to submit to a drug test prior to beginning my volunteer assignment I also authorize my fingerprints to be submitted and my DMV records to be checked if my assignment requires me to drive

SIGNATURE:_____ DATE:_____