



Human Resources Only

Reviewed by: \_\_\_\_\_

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

Continue:

Yes  No

# APPLICATION FOR NON-PAID VOLUNTEER POSITIONS

300 E. Chapman Ave.  
Orange, Ca 92866

Title of Volunteer Position: \_\_\_\_\_

Department: \_\_\_\_\_

Department Contact & Phone: \_\_\_\_\_

Please print your answers to all questions accurately and completely. All statements may be subject to verification. Please return this application to the City of Orange Human Resources Department, 300 E. Chapman Ave., Orange, CA 92866 (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*

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Best Time To Contact You: \_\_\_\_\_  
*Primary Secondary*

California Driver's License Number: \_\_\_\_\_ Class: \_\_\_\_\_ Expiration: \_\_\_\_\_

If applicable, please list any languages other than English you speak, read, or write fluently: \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony by a court of law or a military tribunal since your 18<sup>th</sup> birthday? Yes  No  If yes, explain: \_\_\_\_\_

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

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> 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 or specialized equipment is necessary.

High School Graduate or GED: \_\_\_\_\_ Highest Degree Earned: \_\_\_\_\_

High School Name: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**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 or most recent 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, education or training you have. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please list two (2) references. (If you have previously been a volunteer, please include those organizations.)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Number of years of acquaintance: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ 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 to the Department of Justice and my DMV records to be checked if my assignment requires me to drive.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_