



**Volunteer Application**  
**CITY OF FAIRFIELD, Volunteer Program**  
**Mailing Address: 1000 Webster Street,**  
**Fairfield, CA 94533-4883**  
**(707) 428-7767**

Please Print		
Name _____		Date _____
Address _____		Home Phone (    ) _____
Zip _____		Work Phone (    ) _____
Email Address _____ Pager # (    ) _____ Cell Phone # (    ) _____		
Date of Birth _____		Gender <input type="checkbox"/> M <input type="checkbox"/> F
*Drivers License Number _____		*Social Security # _____
Employer's Name _____ Address _____ Phone # _____		
Education ( <i>Please circle last year completed</i> ) <input type="checkbox"/> High School 9 10 11 12 <input type="checkbox"/> College 1 2 3 4 <input type="checkbox"/> Graduate School, Degree in: Name and location of College or University? _____		
Special training, licenses, professional registration, and skills:  _____		
Fluent languages ( <i>other than English</i> ): Language: _____ Read? <input type="checkbox"/> Y <input type="checkbox"/> N    Speak? <input type="checkbox"/> Y <input type="checkbox"/> N    Write? <input type="checkbox"/> Y <input type="checkbox"/> N		
Employment Category: I am presently ( <i>Check as many as apply</i> ) <input type="checkbox"/> Employed full time <input type="checkbox"/> Employed part time <input type="checkbox"/> Retired <input type="checkbox"/> Temporarily unemployed <input type="checkbox"/> Part time student <input type="checkbox"/> Homemaker <input type="checkbox"/> Self employed <input type="checkbox"/> Looking for work <input type="checkbox"/> Full time student		
How did you hear about our Volunteer Program?  _____		
Why do you want to do volunteer work ( <i>Example: gain new or improve old skills, meet new people, school credit</i> )  _____		
Emergency contact: Name _____		Relationship _____
Address _____		Telephone # (    ) _____

\*Required Information

*Please complete the back side of this application.*

Time available for volunteer work:

\_\_\_\_ Hours per day  
(number of hours)

\_\_\_\_ Times per week  
(number of times)

In which general areas are you interested in spending your time? (Please check as many as apply)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Working w/ seniors    | <input type="checkbox"/> Police/Fire Department    | <input type="checkbox"/> Cultural arts         |
| <input type="checkbox"/> Recreation/sports     | <input type="checkbox"/> Volunteer program events  | <input type="checkbox"/> Outdoor/park projects |
| <input type="checkbox"/> Working with children | <input type="checkbox"/> Seasonal special events   | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> On-call clerical      | <input type="checkbox"/> Historical/record keeping |  |
| <input type="checkbox"/> Short term projects   | <input type="checkbox"/> Office work               |  |

Do you have Community Services Hours assigned by the Court  YES  NO # of hours \_\_\_\_\_

Have you ever been convicted of a crime at any time since your 18th birthday? Include felony or misdemeanor or any traffic violations for which the fine was \$50.00 or more, whether paid or suspended, and offenses of which you were convicted and placed on probation, or any military court martial. You are not required to list a record which has been expunged. Conviction of a crime is not an automatic bar to placement, but an untrue answer **will** disqualify you. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during my placement. I am aware that finger printing will be required before placement in the Police, Fire and certain other departments. I know of no physical limitations which would preclude my accepting a volunteer position. I understand this is a non-paid position with no promise, expressed or implied, of consideration for future employment.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent or guardian if volunteer is a minor: \_\_\_\_\_