



Adult Volunteer Application

Dept.: _____
 Division: _____
 Program: _____
 ID #: _____

| | | | | | | | |
|--------------------|--|------------|--|---|----------------|-----------------------------------|-----------|
| Name: Last | | First | | | Middle Initial | | |
| Number Street | | Apt. No. | | City | | State | Zip Code |
| Address: | | | | | | | |
| Home Phone () | | Work Phone | | California Drivers License # | | Class: | Exp. Date |
| Email Address: | | | | Are you under age 18? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Month and Day of Birth (optional) | |
| Emergency Contact: | | Name: | | Phone | | Day | Evening |
| | | Address: | | City | | Zip | |

Please answer the following questions. If the answer to any of the questions is YES, please give details to the right.

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Do you have a disability which may limit your ability to perform the job for which you have applied | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you, as an adult, been convicted of a violation of the law, excluding minor traffic violations? A fingerprint check may be made. A YES answer will not automatically disqualify you. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been discharged from a position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever worked for the City of Fremont? | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | | | | | | | | | |
|---|--|--------------------------|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| EDUCATION: Check the highest grade you completed: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | or more |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| High School Graduate | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Passed High School Equivalency Tests | | | | | | | | | | <input type="checkbox"/> Yes |

| | | | | |
|--|------------------|----------------|---------------|--------|
| | <i>Completed</i> | | | |
| Name and Location of College or University | Major Subject(s) | Semester Units | Quarter Units | Degree |

| | |
|--|--|
| Certificate of Training, Licenses or Professional Registration | |
|--|--|

WORK EXPERIENCE: Are you presently employed? (Check as many as apply)

| | | |
|---|---|---|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Temporarily unemployed |
| <input type="checkbox"/> Full-time student | <input type="checkbox"/> Part-time student | <input type="checkbox"/> Looking for work |

CURRENT EMPLOYER OR SCHOOL:

| | | | |
|---------------------|-------------------|--|--|
| Name | | | |
| Address | Phone | | |
| Job Title or School | Position or Major | | |

PREVIOUS WORK EXPERIENCE:

| | |
|------------|--|
| Reference: | |
|------------|--|

PREVIOUS VOLUNTEER JOBS

| | |
|------------|--|
| Reference: | |
|------------|--|

WHAT TYPE OF VOLUNTEER JOB ARE YOU MOST INTERESTED IN AT PRESENT?

WHAT ARE YOUR PRESENT GOALS FOR A VOLUNTEER JOB? (e.g., gain school credit, work experience, etc.)

Times Available: M T W Th F Sat Sun Mornings Afternoons Evenings

Length of Assignment Desired: 3 mos. 6 mos. 6-12 mos. More than year Spot jobs Special Projects

Fluent Languages (other than English) Language _____ Read Speak Write
 Language _____ Read Speak Write

CERTIFICATION/PHOTO RELEASE:

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 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 fingerprinting and a background investigation will be required before placement in the Police or Fire Departments, and for any sensitive volunteer position. I agree to authorize the City of Fremont to utilize any photographed or videographed images of myself in brochures, flyers, displays or other promotion purposes without any compensation from the City.

Signature of Applicant: _____ Date: _____