



**City of Huntington Beach/Community Services Department
Volunteer Application**

Personal Data

LAST NAME		FIRST	MI	CA DRIVERS LICENSE		E-MAIL ADDRESS	
ADDRESS		STREET		APT #		SOCIAL SECURITY NUMBER	
CITY		STATE		ZIP		DATE OF BIRTH	
HOME TELEPHONE		HOME FAX		SEX		HAIR COLOR	
EYE COLOR		PAGER		CELLULAR		HEIGHT	
WEIGHT		PREVIOUS ADDRESS IF LESS THAN TWO YEARS		EMERGENCY NOTIFICATION			
ADDRESS		STREET		APT #		NAME	
PHONE		CITY		STATE		ZIP	
ADDRESS		HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, PLEASE EXPLAIN _____							

Employment Data

EMPLOYER		OCCUPATION		DATES OF SERVICE	
ADDRESS		STREET		APT #	
TYPE OF WORK PERFORMED		CITY		STATE	
TELEPHONE		ZIP		FAX	

Volunteer History

BUSINESS/ORGANIZATION		TELEPHONE		DATES OF SERVICE	
DUTIES PERFORMED:					
BUSINESS/ORGANIZATION		TELEPHONE		DATES OF SERVICE	
DUTIES PERFORMED					

Special Training

FIRST AID (CIRCLE ONE)		DATE OF LAST FIRST AID TRAINING	
NONE BASIC INTERMEDIATE ADVANCED			
CPR: <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF LAST CPR TRAINING	
LANGUAGES SPOKEN (OTHER THAN ENGLISH)			
OTHER TRAINING			

CONTINUE ON BACK

REFERENCES: List names and addresses of three people, other than relatives, that we may contact who have knowledge of your job skills, experience, and ability. You may use past employers.

Name	Address	Telephone Number	Business or Occupation

PLEASE CHECK THE AREAS YOU ARE INTERESTED IN VOLUNTEERING FOR

<input type="checkbox"/> FOURTH OF JULY ACTIVITIES	<input type="checkbox"/> FRIENDS OF SHIPLEY NATURE CENTER
<input type="checkbox"/> H.B. HISTORICAL SOCIETY	<input type="checkbox"/> HUNTINGTON BEACH ART CENTER
<input type="checkbox"/> PROJECT SELF-SUFFICIENCY	<input type="checkbox"/> SENIOR SERVICES PROGRAMS
<input type="checkbox"/> YOUTH SPORTS	<input type="checkbox"/> EXCEPTIONAL YOUTH PROGRAMS

Agreement

- I WILL NEVER ACT UNPROFESSIONALLY WHILE REPRESENTING THE CITY OF HUNTINGTON BEACH OR PERFORM ANY CONDUCT WHICH WOULD BRING DISCREDIT UPON THE CITY.
- I WILL NEVER USE OR ATTEMPT TO USE CITY OF HUNTINGTON BEACH INSIGNIA, BADGE, DECAL, PLAQUES, STICKERS OR CITY ISSUED EQUIPMENT OR ANY ARTICLE GIVING REFERENCE TO CITY OF HUNTINGTON BEACH INAPPROPRIATELY.
- I WILL PROVIDE NO FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR AT ANY TIME DURING MY SERVICE.
- I WILL ALWAYS TREAT MY FELLOW WORKERS, CITY OFFICIALS, CITY EMPLOYEES, AND MEMBERS OF THE COMMUNITY WITH RESPECT AND DIGNITY.

I WILL FOLLOW RULES AS STATED.

I UNDERSTAND THAT AS A VOLUNTEER FOR THE CITY OF HUNTINGTON BEACH COMMUNITY SERVICES DEPARTMENT, WORKING DIRECTLY WITH CHILDREN OR FRAIL, HOMEBOUND SENIORS, I WILL BE REQUIRED TO SUBMIT MY FINGERPRINTS TO THE CALIFORNIA DEPARTMENT OF JUSTICE FOR BACKGROUND CHECK.

SIGNATURE: _____ DATE: _____

Attachments Required: Copy of Driver's License

Application Certification: PLEASE READ BEFORE SIGNING. I CERTIFY the statements made by me in the application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to reject my volunteer application.

Signature

Date

Return this application to:
City of Huntington Beach, Community Services Department
 2000 Main Street
 Huntington Beach, CA 92648

Office Use Only

DATE APPLICATION RECEIVED	DATE ID CARD ISSUED	NUMBER
COMMUNITY SERVICES <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	DATE	VOLUNTEER ASSIGNED TO:
FINGERPRINTS REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	FINGERPRINTS APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	