CITY OF DUBLIN
APPLICATION FOR VOLUNTEERS

City of Dublin
100 Civic Plaza
Dublin, CA 94568

INSTRUCTIONS: Fill out the information requested on the application and submit the completed form to the address above

Application for Volunteer position as: _____ ☐ Junior League Program ☐ Youth Sports/Coach ☐ Junior Aquatic Water Safety Program ☐ Dublin Senior Center ☐ Police ☐ Other: _____			Date Available:
Last Name:	First Name:		M.I.
Present Street Address:	City:	State:	Zip Code:
Home Telephone Number: ( )	Work Telephone Number: ( )	Pager or Cell Number: ( )	E-mail address:

If you have any relatives working for the City of Dublin, list name and relationship: _____

Education: Please Circle the Highest Grade Completed

Grammar School	High School	College	Graduate
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4

You must be a citizen of the USA or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation prior to placement?
☐ Yes ☐ No

1. Please briefly explain why you are interested in volunteering for the above department.

2. List any Volunteer or Paid experience related to your volunteer interest:

Position(s) Held	Fm	To	Pls. check one	Duties	Worked with:
			☐ Paid ☐ Volunteer		☐ Children ☐ Teenagers ☐ Adults ☐ Seniors
			☐ Paid ☐ Volunteer		☐ Children ☐ Teenagers ☐ Adults ☐ Seniors

3. List any special skills, knowledge, training, certificates, registrations or licenses you may possess or machines/equipment that you can operate which might apply to volunteer assignments:

CLERICAL/OFFICE
☐ Reception/Phones ☐ Data Input/Entry
☐ Fliers/Graphics ☐ Cash Register
☐ Filing/Typing: WPM_____

COMPUTERS
☐ Programming ☐ Software
☐ Web Applications ☐ Hardware
☐ Geographic Information System

MARKETING/COMMUNICATIONS
☐ Greeter/Resource/Referral ☐ Photography
☐ Contact Community Groups ☐ Foreign Language
☐ Journalism/Research

ACTIVITIES/EVENTS
☐ Instructor ☐ Serve Meals
☐ Decorations ☐ Entertainment
☐ Kitchen/Dishwasher

TEACHING SKILLS
☐ Drawing ☐ Painting ☐ Sewing ☐ Gardening ☐ Handyman Repairs ☐ Cultural Activities ☐ Entertainment
☐ Exercise ☐ Dance ☐ Crafts ☐ Tour Guide ☐ Musical Instruments ☐ Cooking/Baking ☐ Computers

MAINTENANCE
☐ Fleet ☐ Landscaping
☐ Equipment

FOREIGN LANGUAGES Fluent: _____ Read: _____ Write: _____

POLICE ACTIVITIES
☐ Neighborhood Canvassing ☐ Car Seat Technician ☐ Other:
☐ Special Police Events ☐ Fingerprinting

HOBBIES/OTHER

LICENSES

4. What other commitments such as summer school, work, sports practices, or vacations do you have planned that will interfere with your volunteer time commitment?

5. Are there any physical conditions we should consider in arranging volunteer assignments for you? ☐ Yes ☐ No
If "yes," please explain:

7. How many hours do you wish to volunteer? _____ Hours need by this date: _____

8. Is this a requirement for ☐ School Credit ☐ School C.S. ☐ Court C. S. ☐ Other _____

9. Please indicate the days and times you are available:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Fingerprint Information

Please note: If your are requesting a volunteer position that will exercise supervisory or disciplinary authority of minors Section 5164 of the California Public Resources Code requires the City of Dublin inquire whether or not you have ever been convicted of certain crimes. You will need to complete a supplemental questionnaire and submit this with your volunteer application. In addition, State law requires every adult volunteer to be fingerprinted prior to that person beginning service if that person will have direct contact with minors.

DRIVERS LICENSE # _____ Place of Birth _____ Sex ☐ Male ☐ Female

Date of Birth _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Have you ever been convicted of a felony? Yes ☐ No ☐

Are you currently serving or have served probation in the last seven years? Yes ☐ No ☐

Has your driver's license ever been suspended or revoked? Yes ☐ No ☐

(If you answered Yes to the above questions you must show dates, City and State, charges and penalties on a separate sheet of paper.)

Have you ever been fired or forced to resign from previous employment? Yes ☐ No ☐

(**If Yes, please explain on a separate piece of paper.)**

References

Please list two references, personal or professional, who have known you for at least a year.

Name	Relationship	E-mail Address	Phone
1			
2			

Emergency Contact

Emergency Contact	Relationship	Home Phone	Work Phone	Cell Phone
1				
2				

Volunteer Coaches Only

If you wish to coach, which sport do you wish to coach? _____

Which grade? ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ 7-8 ☐ 9-10 ☐ 11-12

Which do you prefer to coach? ☐ BOYS ☐ GIRLS ☐ EITHER ☐ MY SON/DAUGHTER

If you want to coach your son and/or daughter's team, please list their names:

CHILD'S NAME: _____ AGE: _____ CHILD'S NAME: _____ AGE: _____

Do you have any coaching certifications? ☐ Yes ☐ No If yes, please list the certification and the date it will expire:

CERTIFICATION: _____ Exp Date: _____ CERTIFICATION: _____ Exp Date: _____

Please explain your youth sports philosophy: _____

_____

_____

The information contained on this application is correct to the best of my knowledge. I understand that falsification; omission or misstatement of information may result in refusal to assign me a volunteer position or dismissal from that position. Further, I understand that, if accepted as a volunteer, I will be required to comply with all rules, regulations, and policies of the City of Dublin.

Signature: _____ Date: _____

Signature of Parent: _____ Date: _____
(If under 18 yrs of age)