



# 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: _____				Date Available: _____	
<input type="checkbox"/> Junior League Program		<input type="checkbox"/> Youth Sports/Coach		<input type="checkbox"/> Junior Aquatic Water Safety Program	
<input type="checkbox"/> Dublin Senior Center		<input type="checkbox"/> Police		<input type="checkbox"/> Other: _____	
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: _____					
<b>Education:</b> <u>Please Circle the Highest Grade Completed</u>				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?	
<u>Grammar School</u> 1 2 3 4 5 6 7 8		<u>High School</u> 9 10 11 12		<u>College</u> 1 2 3 4	
				<u>Graduate</u> 1 2 3 4	
				<input type="checkbox"/> Yes <input type="checkbox"/> 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:
			<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		<input type="checkbox"/> Children <input type="checkbox"/> Teenagers <input type="checkbox"/> Adults <input type="checkbox"/> Seniors
			<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer		<input type="checkbox"/> Children <input type="checkbox"/> Teenagers <input type="checkbox"/> Adults <input type="checkbox"/> 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:					
<u>CLERICAL/OFFICE</u>		<u>COMPUTERS</u>		<u>MARKETING/COMMUNICATIONS</u>	
<input type="checkbox"/> Reception/Phones <input type="checkbox"/> Data Input/Entry		<input type="checkbox"/> Programming <input type="checkbox"/> Software		<input type="checkbox"/> Greeter/Resource/Referral <input type="checkbox"/> Photography	
<input type="checkbox"/> Fliers/Graphics <input type="checkbox"/> Cash Register		<input type="checkbox"/> Web Applications <input type="checkbox"/> Hardware		<input type="checkbox"/> Contact Community Groups <input type="checkbox"/> Foreign Language	
<input type="checkbox"/> Filing/Typing: WPM _____		<input type="checkbox"/> Geographic Information System		<input type="checkbox"/> Journalism/Research	
<u>TEACHING SKILLS</u>				<u>ACTIVITIES/EVENTS</u>	
<input type="checkbox"/> Drawing <input type="checkbox"/> Painting <input type="checkbox"/> Sewing		<input type="checkbox"/> Gardening <input type="checkbox"/> Handyman Repairs		<input type="checkbox"/> Instructor <input type="checkbox"/> Serve Meals	
<input type="checkbox"/> Exercise <input type="checkbox"/> Dance <input type="checkbox"/> Crafts		<input type="checkbox"/> Tour Guide <input type="checkbox"/> Musical Instruments		<input type="checkbox"/> Decorations <input type="checkbox"/> Entertainment	
				<input type="checkbox"/> Kitchen/Dishwasher	
<u>FOREIGN LANGUAGES</u>				<u>MAINTENANCE</u>	
Fluent: _____		Read: _____		<input type="checkbox"/> Fleet <input type="checkbox"/> Landscaping	
				<input type="checkbox"/> Equipment	
<u>POLICE ACTIVITIES</u>				<u>HOBBIES/OTHER</u>	
<input type="checkbox"/> Neighborhood Canvassing		<input type="checkbox"/> Car Seat Technician <input type="checkbox"/> Other:			
<input type="checkbox"/> Special Police Events		<input type="checkbox"/> Fingerprinting		<u>LICENSES</u>	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> School Credit <input type="checkbox"/> School C.S. <input type="checkbox"/> Court C. S. <input type="checkbox"/> Other _____					

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

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

### Fingerprint Information

**Please note:** If you 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)



## CITY OF DUBLIN VOLUNTEER APPLICATION SUPPLEMENTAL

City of Dublin  
100 Civic Plaza  
Dublin, CA 94568

NAME: \_\_\_\_\_

Please Print

POSITION: \_\_\_\_\_

Section 5164 of the California Public Resources Code of the State of California prohibits the City of Dublin from engaging the services of a volunteer at any park, playground or recreation center used for recreational purposes, in a position having supervisory or disciplinary authority over any minor, if the individual has been convicted of any of the following:

1. Violation or attempted violation of sections 220, 261, 261.2, 261.5, 262, 273a, 273d, or 273.5 of the penal Code, or any sexual offense listed in section 290 of the Penal Code, except for the offense specified (d) of Section 243.4 of the Penal Code.
2. Any felony or misdemeanor conviction within the last 10 years, of violations under sections 207 through 210, 211, 215, 217.1, 263, or 240-248 of the Penal Code.
3. Any felony or misdemeanor convictions over 10 years old, if the individual has been incarcerated with in the past 10 years, for any conviction of the offenses of the Penal Code sections 207 through 210, 211, 215, 217.1, 263, or 240-248 of the Penal Code.

The California Public Resource Code requires that persons who have direct contact with minors complete an application inquiring if that person has been convicted of any specific offenses. Please answer the following supplemental questions:

**1) Have you ever been convicted of a:**

1. Violation or attempted violation of sections 220, 261, 261.2, 261.5, 262, 273a, 273d, or 273.5 of the penal Code, or any sexual offense listed in section 290 of the Penal Code, except for the offense specified (d) of Section 243.4 of the Penal Code.

☐ YES ☐ NO

2. Any felony or misdemeanor conviction within the last 10 years, of violations under sections 207 through 210, 211, 215, 217.1, 263, or 240-248 of the Penal Code.

☐ YES ☐ NO

3. Any felony or misdemeanor convictions over 10 years old, if the individual has been incarcerated with in the past 10 years, for any conviction of the offenses of the Penal Code sections 207 through 210, 211, 215, 217.1, 263, or 240-248 of the Penal Code.

☐ YES ☐ NO

**2) Without in any way limiting the foregoing, have you ever been convicted of any crime involving an assault with intent to commit a felony, any crime against a person involving sexual assault, any crime against public decency and good morals, disorderly conduct, annoying or molesting a child under the age of 18, kidnapping, robbery or carjacking?**

☐ YES ☐ NO

**3) Are you currently released on bail or on your own recognizance for any crime?**

☐ YES ☐ NO

If you answered "yes" to any of the above question, please describe the crime for which you were convicted, the date upon which you were convicted and the jurisdiction in which you were convicted:

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I, \_\_\_\_\_ hereby certify that all of the above information is true and correct. Any misstatement or misrepresentation can be grounds for immediate rejection or dismissal following directed appointment and/ or assignment.

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date