

**City of Glendora | Recreation & Human Services Department**

116 East Foothill Blvd., Glendora, CA 91741

(626)914-8228 • CityOfGlendora.org

**VOLUNTEER APPLICATION**

Thank you for your interest in the City of Glendora’s Volunteer Program. Knowing your skills, interests, and availability will help us find the best assignment for you. Please complete this application as completely as possible. **As required by State law and City policy, all volunteers will be required to have their fingerprints taken by the Glendora Police Department and receive clearance by the California State Department of Justice before the first day of their on-going volunteer service.**

NAME OF APPLICANT: \_\_\_\_\_  
Last First MI

ADDRESS: \_\_\_\_\_  
Street City Zip Code

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ EMAIL: \_\_\_\_\_

DRIVER’S LICENSE #: \_\_\_\_\_ EXP: \_\_\_\_\_ STATE: \_\_\_\_\_

Are you over 18 years old?  Yes  No *Please note: Parental signature needed for minors.*

Are you a relative of anyone currently employed with the City of Glendora?  Yes  No

Name of Individual: \_\_\_\_\_ Relationship: \_\_\_\_\_

**INTERESTS** (Please check all that apply)

Type of volunteer service I am applying for:

- Internship  Special Project  School Credit  Service to Community

Areas in which I am interested in volunteering:

- Administration/ Clerical  Senior Services  
 After School Program  Special Events  
 Recreation Programs  Youth Basketball

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**AVAILABILITY** (Please fill in all that apply)

I am available to begin on: \_\_\_\_\_

Hours I am available: Monday: FROM \_\_\_\_\_ TO \_\_\_\_\_

Tuesday: FROM \_\_\_\_\_ TO \_\_\_\_\_

Wednesday: FROM \_\_\_\_\_ TO \_\_\_\_\_

Thursday: FROM \_\_\_\_\_ TO \_\_\_\_\_

Friday: FROM \_\_\_\_\_ TO \_\_\_\_\_

Saturday: FROM \_\_\_\_\_ TO \_\_\_\_\_

**CONVICTION HISTORY**

Have you ever been convicted of a criminal offense other than minor traffic citations?  Yes  No

**NOTE:** This question seeks information on any conviction from any point in your life **even if the conviction was removed from your record** (*This includes conviction as a minor*). Failure to accurately respond to this question shall result in either your rejection from volunteer service or dismissal. Applications should verify their legal obligation to report certain convictions as specified by Labor Code Section 432.8.

**If yes, when?** \_\_\_\_\_

Please list convictions, each case is considered on its own merits: \_\_\_\_\_

**REFERENCES** (Please provide two personal or business references. References should not be related to you.)

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Name	Address	Phone Number	Relationship
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**EDUCATION BACKGROUND**

Highest grade completed:

High school:  9th  10th  11th  12th

College:  1 year  2 years  3 years  4 years

Name and location of school: \_\_\_\_\_

Major, Graduate School Degree, etc.: \_\_\_\_\_

**WORK EXPERIENCE**

Name of Business	Address	Phone Number	Title
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**EMERGENCY CONTACT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**VOLUNTEER CERTIFICATION AND AGREEMENT**

I understand that I am providing volunteer service to the City of Glendora as such am not entitled to compensation or benefits otherwise offered to employees of the City of Glendora. My services are offered freely, without direct or indirect pressure or coercion from any representative of the City. I understand that time volunteered will not be considered as hours worked under the Fair Labor Standards Act. I understand that upon termination of this volunteer service, I am not eligible for any unemployment insurance compensation.

I certify that all statements made in the Application are true and complete and I authorize investigation of all matters contained. I agree and understand that any misrepresentation or omission of a matter of fact may be justification for rejection of my application. I also authorize the employers, schools, and persons named in this application to provide any additional information regarding my qualifications and character.

As a condition of my volunteer service with persons who are receiving services or other assistance from the City of Glendora, I agree not to divulge any information regarding these persons. The unauthorized release of confidential information is a violation under State law. I understand the City's requirements and policy on observing confidentiality and my responsibility to follow this policy in my role as a volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian (if under 18) \_\_\_\_\_ Date: \_\_\_\_\_