



VOLUNTEER APPLICATION

Interested in: Police Department _____ Senior Bureau _____ Sports _____
Special Events _____ Teen Program _____ Office/Clerical _____
Child Care _____ Instruct/Teach _____ Other _____

Name (full legal name) _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Driver’s License # _____ State _____ Expiration Date _____

Birthdate Month & Day _____ City _____ State _____

List any other language spoken _____

If one-time volunteer _____ skip to Emergency Contact
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Occupation \_\_\_\_\_

Employer \_\_\_\_\_

School (if student) \_\_\_\_\_

Volunteer service required for school: Yes \_\_\_\_\_ No \_\_\_\_\_ Number of hours needed \_\_\_\_\_

Provide teachers name and school/teacher email \_\_\_\_\_

Are you related to a City employee or a program participant: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name and relationship \_\_\_\_\_

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Hobbies/Interests/Skills _____

Professional Training/Licenses/Credentials _____

Recent Volunteer Experience _____

Availability:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

Do you drive you own car? Yes _____ No _____ Do you have auto insurance? Yes _____ No _____

Can attend meetings and/or trainings? Yes _____ No _____

Interest	Experience	Interest	Experience	Interest	Experience
Baseball		Child Care		DUI Checkpoint	
Softball		Teen Program		Senior Meal Prep	
Basketball		Meal Delivery		Senior Health Fair	
Football		Referee		Receptionist/Clerk/Admin	
Soccer		Instructor		Community Preservation	
Coach				Patrol	
				Special Relations/Events	

References:

Name/Relation Address/City/Zip/State Phone Number

Name/Relation Address/City/Zip/State Phone Number

Emergency Contact:

Name Phone #

Relationship Address

If time does not permit, I give my consent for the City of Gardena staff to obtain emergency medical treatment required for my immediate care. Initials

Criminal History:

Have you ever been arrested for a felony? Yes No
Have you ever been convicted of any crimes against children? Yes No
Have you been arrested for a misdemeanor within the past 10 years:
(Convictions dismissed pursuant to Penal Code section 1203.4 must be disclosed) Yes No
Are you currently on probation? Yes No
If you answered yes to any question above, provide details below:

Date of Arrest	Arresting Agency Location- City & State	Original Charge	Final Charge (if amended or reduced)	Disposition (dismissed, not guilty, convicted or expunged)

Note: Your application is subject to a background check including a review of all criminal convictions. A conviction does not immediately disqualify applicants from the volunteer program. Consideration will be given to the type of the offense, the recency of the conviction, and if it would impact your ability to interact with youth/seniors. Failure to disclose information may result in disqualification.

Declaration/Truth of Disclosure: I attest I have read the foregoing application and know the contents thereof; that the statements contained herein are true and correct and contain a full and true account of the information requested; that I executed the statement with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of my acceptance. I declare under penalty of perjury that the foregoing is true and correct. Initials

Authorization: I authorize reference and employment verification for specific positions that I have volunteered to perform. I authorize fingerprinting and criminal background checks and Department of Motor Vehicle checks as necessary for specific positions. Initials

Authority to Release Information (Applies to Police Department Volunteers Only):

I understand that I am required to provide certain confidential information to ensure that I am qualified for that service. In connection with this, I authorize the release of any and all information of a personal and confidential nature, or any data or material that has been sealed by prior agreement or court order involving disciplinary action.
I understand that I will not receive the contents of any confidential reports received and understand that these reports are confidential. Because of the nature of the service for which I am volunteering involves highly confidential information, I understand the need to seek any derogatory information that might affect my acceptability.
I hereby release, discharge and exonerate Gardena, its agents and representatives and any person supplying information from any liability of any nature and kind arising out of the furnishing, inspecting or copying of such documents, records and other information and this release shall be binding to my legal representative and heirs. This release expires upon termination of the investigation, or 365 days after it is signed, whichever comes first. Initials

Signature of Applicant Date

Parent/Legal Guardian (if Applicant is minor)

Printed Name Signature

Date