



City of Paso Robles Volunteer Application

Human Resources

1000 Spring Street, Paso Robles, CA 93446 (805) 227-7234

An Equal Opportunity Employer

INSTRUCTIONS

Please type or print in ink. All statements are subject to verification. Resumes will not be accepted in lieu of a completed application. Return completed application to the address listed on the program webpage for which you would like to volunteer.

Volunteer Position You Are Applying For:

Last Name		First Name	M.I.	Any other names you have used or have been known by	
Mailing Address		City	State	Zip Code	
Driver's License Number	State	Expiration	Class	Phone Number	Email Address

Please check the days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information regarding availability:

Have you ever volunteered or worked for the City of Paso Robles? Yes No

If yes, which position(s) and when: _____

We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, or morale, or if doing so could create conflicts of interest. Do you have any relatives working for the City of Paso Robles? Yes No

If yes, state name(s) and relationships: _____

Are you at least 18 years old? Yes No

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed: _____

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for the eligible applicants to perform essential functions. Applicant may be subject to passing a medical examination, and/or skill and agility tests.)

EDUCATION AND TRAINING

Did you graduate from High School or receive a GED? Yes No

High School Attended: _____ Location of High School/GED: _____

List your education and training related to the position including colleges, technical, military schools, etc.

School Name	Location (City and State)	Degree/Certificate	Major	Date Awarded	# of Units

List special skills and valid licenses, certificates or registrations relevant to this position.

Many of our customers do not speak English. Do you speak, write or understand any foreign languages? Yes No

If yes, which language(s)? _____

CONVICTION RECORD – Please complete this section only if the box below is marked “YES”.

The requirement to complete this section depends on the position for which you are applying. Completion required? No Yes

If the box in the above line is checked “YES”, please complete the attached **Criminal History Questionnaire**.

If the box in the above line is checked “NO”, you will be required to provide information about certain criminal convictions at a later time if you progress through the application process. No applicant will be denied solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position applied for will be considered.

VOLUNTEER AND EMPLOYMENT HISTORY

Begin with your most recent experience. List volunteer and work history and include any other pertinent experience. Account for all periods of unemployment. Failure to list work experience will be considered an incomplete application and subject to rejection.

A résumé will not substitute for the information required in this section. Resumes may be included, but do not write “see resume” in lieu of completing the application. Please attach additional sheets as needed.

NAME OF EMPLOYER OR VOLUNTEER ORGANIZATION	TYPE OF BUSINESS	HOURS PER WEEK
ADDRESS	NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
TELEPHONE NUMBER	REASON FOR LEAVING	
DATES EMPLOYED OR VOLUNTEER SERVICE	DESCRIPTION OF DUTIES	
JOB TITLE		
NAME OF EMPLOYER OR VOLUNTEER ORGANIZATION	TYPE OF BUSINESS	HOURS PER WEEK
ADDRESS	NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
TELEPHONE NUMBER	REASON FOR LEAVING	
DATES EMPLOYED OR VOLUNTEER SERVICE	DESCRIPTION OF DUTIES	
JOB TITLE		
NAME OF EMPLOYER OR VOLUNTEER ORGANIZATION	TYPE OF BUSINESS	HOURS PER WEEK
ADDRESS	NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
TELEPHONE NUMBER	REASON FOR LEAVING	
DATES EMPLOYED OR VOLUNTEER SERVICE	DESCRIPTION OF DUTIES	
JOB TITLE		
NAME OF EMPLOYER OR VOLUNTEER ORGANIZATION	TYPE OF BUSINESS	HOURS PER WEEK
ADDRESS	NAME AND TITLE OF SUPERVISOR	MAY WE CONTACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
TELEPHONE NUMBER	REASON FOR LEAVING	
DATES EMPLOYED OR VOLUNTEER SERVICE	DESCRIPTION OF DUTIES	
JOB TITLE		

Please read carefully, initial each paragraph and sign below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for a volunteer position and that answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any false or misleading information on this application or any document used to secure a volunteer position or any dishonesty in connection with any aspect of the application process shall be grounds for rejection of this application, refusal of acceptance for a position, removal of my name from a volunteer list and/or dismissal from a volunteer position with the City of Paso Robles.

_____ I hereby authorize the City of Paso Robles to thoroughly investigate my references, work record, education and other matters related to my suitability for a volunteer position and, further, authorize the references and former employers I have listed to disclose to the City any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosures. In addition, I hereby release the City, my former employers, my former managers, supervisors, and co-workers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the City, I am entitled to copies of any such public records obtained by the City unless I mark the check box below. If I am not accepted as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

_____ I hereby acknowledge that as a volunteer for the City of Paso Robles, I am not an employee, but that I am covered under the City’s workers’ compensation plan since the City has adopted a resolution extending workers’ compensation coverage to certain volunteers in specified categories pursuant to Labor Code 3363.5. As a volunteer who is covered under the City’s workers’ compensation plan, I expressly agree and acknowledge that workers’ compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claims or actions of any type whatsoever against the City of Paso Robles, its employees, officers, agencies, or other volunteers and officials.

_____ I agree to comply with the City of Paso Robles’ rules and regulations to the best of my ability. I agree to respect the confidential nature of information I may obtain, to participate in orientation and training as required by my assignment, and to allow publication of my photo in promotional materials for the City of Paso Robles, including but not limited to, the City website and/or publications.

Applicant’s Signature _____

Date _____

WHERE DID YOU LEARN OF THIS VOLUNTEER POSITION?

City of Paso Robles Related

- City of Paso Robles Website
- City of Paso Robles Employee
- City of Paso Robles Volunteer
- City of Paso Robles Flyer
- Visited City Hall

Publications

- Tribune
- Paso Robles Daily News
- Other Newspaper (please specify)

- City of Paso Robles Activity Guide
- Other Magazine (please specify)

Internet

- Facebook.com
- Twitter.com
- Craigslist.org
- Other Website

Other

- A Friend or Relative
- Other (please specify)
