

## City of Paso Robles Volunteer Application

Human Resources

821 Pine Street, Suite A, Paso Robles, CA 93446 | (805) 227-7234 | www.prcity.com



### 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 above listed address.

#### 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
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:

Do you have a valid driver's license?  Yes  No

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

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

Some of our customers do not speak English. Do you speak, write, or understand any languages other than English?  Yes  No

If yes, which language(s)? \_\_\_\_\_

**VOLUNTEER AND EMPLOYMENT HISTORY**

**Begin with your most recent experience.** List volunteer and work history for the prior 10 years. Please account for all periods of unemployment. Failure to list work experience will be considered an incomplete application and subject to rejection. **A resume will not substitute for the information required in this section.** They 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	
TELEPHONE NUMBER	REASON FOR LEAVING	
DATES OF EMPLOYMENT OR VOLUNTEER SERVICE	DESCRIPTION OF DUTIES	
JOB TITLE		
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TELEPHONE NUMBER	REASON FOR LEAVING	
DATES OF EMPLOYMENT 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 website
- City of Paso Robles employee
- City of Paso Robles volunteer
- City of Paso Robles flyer
- Visited City Hall
- City or community event
- Instagram
- Facebook
- NextDoor
- Twitter
- Craigslist
- Tribune
- Paso Robles Daily News
- Newspaper (please specify): \_\_\_\_\_
- City of Paso Robles Activity Guide
- Other (please specify): \_\_\_\_\_