

CITY OF ROSEVILLE VOLUNTEER APPLICATION

Last Name	First Name		M.I.	Email				
Mailing Address (number, street, apt. no.)					Home	Phone		
City			State	State Zip Cell Phone		hone		
permanent resident of the United States?		Valid CA Dri	iver's Lice	ense (If required by	the position)	position) Birth MM/DD (optional)		
		No.:		Exp.:				

Over 18 years of age?	□Yes □No
Have you been convicted as an adult for any violation of the law? Exclude traffic violations with a fine under \$150 and convictions more than two years in the past for marijuana-related violations of any of the following sections of the California Health and Safety Code: 11357(b) or (c), 11360(b), 11364, 11365, or 11550. Do include and list convictions that have been expunged pursuant to Penal Code Section 1203.4. Conviction is not necessarily a bar to employment. Each case will be given individual consideration. Failure to list all convictions, other than those specifically excluded above, may disqualify you from further consideration. A YES answer will not automatically disqualify you.	□Yes □No
Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service?	□Yes □No
Please explain fully in the space provided:	

RELATED SCHOOLING AND TRAINING

EDUCATION						-								
Circle highest grade completed	8 or below	9 1	0 11	12	13	14	15	16	17	18	High School Gra	duate/GED		□Yes □No
Current School														
Address							City	/				State	Zip	ρ
Certificate of Training, Licenses, or Professional Registrations:														

WORK EXPERIENCE

Current Employer			
Address	City	State	Zip
Describe any additional skills, knowledge, or specialized training you poss	ess:		

Have you ever worked for the City of Roseville? □Yes □No If yes, which department?
Are you currently employed? (check all that apply)
In what type of volunteering are you most interested?
What are your goals for a volunteer position?
References:

EMERGENCY INFORMATION

This information is strictly voluntary and will be kept confidential.

Contact Person	Home Phone	Cell Phone
Contact Person	Home Phone	Cell Phone

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that a background investigation will be required before placement in the Police or Fire Departments, and for any sensitive volunteer position. I am aware that fingerprinting will be conducted for all volunteer positions that supervise vulnerable populations.

Signature of Applicant:	Date:		
Interviewed by:	_ Department:	Date:	

Return completed form to: City of Roseville Volunteer Center Human Resources Department 311 Vernon Street, Roseville, CA 95678