



CITY OF UNION CITY VOLUNTEER APPLICATION

- TEEN (AGES 11 –17)**
- ADULTS**

This form must be completed by anyone volunteering for any assignment or a Specific Special Event or Program.

1. PERSONAL INFORMATION

Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email Address: _____ Driver's License #: _____

2. EDUCATION BACKGROUND

Check the highest grade level of school you have completed to date: 9th 10th 11th 12th College: 1st 2nd 3rd 4th Graduate
 High School Graduate: No Yes (Year: _____) If no, passed High School Equivalency Test: No Yes
 Name and Location of School: _____
 Major, Graduate School Degree, etc: _____

3. WORK/VOLUNTEER EXPERIENCE (OPTIONAL)

Are you currently employed? (Check as many that apply)

- Employed Full-Time
- Employed Part-Time
- Temporarily Unemployed
- Looking for Work
- Retired
- Full-Time Student
- Part-Time Student
- Other: _____

Last three (3) employers or volunteer sites:

Employer: _____ Job Title: _____
 Address: _____
 Employer: _____ Job Title: _____
 Address: _____
 Employer: _____ Job Title: _____
 Address: _____

4. REFERENCE

We ask that you provide at least three (3) references—business or personal. References may not be related to you.

Name: _____ Phone Number: _____
 E-Mail: _____ How long has this person known you? _____
 Name: _____ Phone Number: _____
 E-Mail: _____ How long has this person known you? _____
 Name: _____ Phone Number: _____
 E-Mail: _____ How long has this person known you? _____

5. VOLUNTEER INTEREST

- Special Event
 - Carnivals
 - Summer Programs
 - Teen Workshop
 - Senior Activities
 - Arts & Crafts
 - Photography
 - Gardening
 - Office/Clerical
 - Other: _____
 - Other: _____
- What other language are you fluent in? _____ Read Write Speak
- Days and Times you are available: (AM: 9-12 p.m.; PM: 1-6 p.m.)
- Mondays:** AM PM **Tuesdays:** AM PM **Wednesdays:** AM PM
- Thursdays:** AM PM **Fridays:** AM PM **Saturdays:** AM PM
- Sundays:** AM PM **Transportation:** Car Bus BART Walk Bike/Other



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Submit application to:
Kennedy Community Center
1333 Decoto Road
Union City, CA 94587
Phone: 510-675-5329

6. EMERGENCY CONTACT INFORMATION

Please provide two (2) Emergency Contacts.

Emergency Contact Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

7. VOLUNTEER CERTIFICATION AND AGREEMENT (Initial each section and sign below)

The City of Union City will provide the Volunteer the following:

- Training and orientation to allow the volunteer to meet the responsibilities of his/her position
- Letter or reference (Upon Request)
- Worker's Compensation benefits in case of injury. Must be a registered volunteer with the City.
- The same respect given to paid City staff and deference given to a valuable City asset
- Ongoing evaluations and feedback

I, (name) _____ as a Volunteer for the City of Union City agree to the following:

_____ I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that falsification, misrepresentation, or omission of facts called for by this application could result in immediate dismissal as a volunteer.

_____ I authorize the City of Union City the right to contact and obtain information from all references, employers, educational institutes, and law enforcement agencies, and otherwise verify the accuracy of the information contained in the application. I hereby release from liability the City of Union City and its representatives from seeking, gathering and using such information and all other person, corporation or organization from furnishing and disclosing information.

_____ If I become a volunteer, I understand that I am free to resign at any time and the City of Union City reserves the same right to end my volunteer position.

_____ I understand and agree that this application does not constitute a contract for volunteer time for any definite duration. The length of time depends upon the quality of the job that I do as a volunteer.

_____ I understand and agree that as a volunteer I may be fingerprinted.

_____ I represent and warrant that I have read and fully understand the foregoing and agree to volunteer under these conditions.

Signature of Volunteer: _____ **Date:** _____

Parent Signature (if under 18 years of age: _____ **Date:** _____

Signature of Coordinator or Supervisor: _____ **Date:** _____

INTERNAL USE	<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	<input type="checkbox"/> ENTERED - DATE: _____
Department: _____	Supervisor/Coordinator: _____		
Program: _____	Active Date: _____	Inactive Date: _____	
Reason of Termination/Inactive: _____	Initials: _____		