

Human Resources Only		
Reviewed by: Date:		
Continue: Yes	No 🔲	

APPLICATION FOR NON-PAID VOLUNTEER POSITIONS

Human Resources Department 300 E. Chapman Avenue, Orange, Ca 92866

	one:		
Please print your answers to all question application to the City of Orange Human Drange encourages the service of volunt	s accurately and completely. All stat Resources Department, 300 E. Chap teers and such service is at the sole of ge the duties assigned to a volunte	ements may be s man Ave., Orang liscretion of the 0	ubject to verification. Please return this e, CA 92866 (714) 744-7255. The City of City. Volunteers agree that the City may volunteer to a different assignment, or
Name:			
Last	First		Middle
Address:	City	State	Zip Code
Email Address:			
Phone:		ne To Contact \	′ou:
Primary	Secondary		
California Driver's License Numbe	r:	Class:	Expiration:
f applicable, please list any langu	ages other than English you sp	eak, read, or w	vrite fluently:
Have you ever been convicted of a birthday? Yes No If yes, ex			•
√ Check your ava	ilability to volunteer on the foll	owing days an	d times:
Monday Tuesday a.m. p.m. p.m.	Wednesday Thursday a.m. a.m. p.m.	Friday a.m.	Saturday a.m. p.m.
Can you perform the essential fun Yes No If necessary, describe			
High School Graduate or GED:	Hig	hest Degree E	arned:
High School Name:	Cit	tv	State

List Colleges, Universities or Trac Name of School	de Schools attended: Course of Study	Degree or Units Completed		
Humo or ourser		Degree of Gine Gempletes		
List related Professional, Occupa	ational, Business Certification, or Tra	ade License(s):		
Type of Certificate/Lice		City & State Issued		
11 1		1 1		
List current or most recent emplo EMPLOYER NAME	oyer and related experience to the vol ADDRESS (including zip code)	olunteer position you are applying for: TELEPHONE		
LIIII LV I LIX IV III. L	ADDITECT (molutumy = p ====,	I ELEI IIGNE		
POSITION TITLE	SUPERVISOR/TELEPHONE	DATES OF SERVICE (Mo./Yr.)		
I CONTION III.	JUI LIVIOUN I LLL	, ,		
DUTIES:		From To		
DUTIES:				
EMPLOYER NAME	ADDRESS (including zip code)	TELEPHONE		
EINIFLY I LIX NAME	ADDITEOU (Including tip code,	TELL HONE		
POSITION TITLE	SUPERVISOR/TELEPHONE	DATES OF SERVICE (Mo./Yr.)		
FUSITION TITLE	SUFERVIOUR/TELL! 110.1.2	, ,		
		From To		
DUTIES:				
- " " who you are inte	toward for the City (
	•	of Orange and any special skills, education or		
training you nave.				
	ou have previously been a volunteer, you ma			
Name:	Relationship:			
Address:				
•	Number of years of acqu	uaintance:		
Please list your emergency conta				
Telephone Number:	Deimon			
* This discourse City of C	Primary Orange employee(s)? If yes, list name and o	Secondary department:		
Are you related to any current only or o	Orange employee(s)? If yes, list name and or	department:		
L certify that all statements made in this	s application and any additional statement	s pertaining thereto are true and complete to the best		
of my knowledge and belief. I under	erstand that as part of the background che	neck, I am required to submit to a drug test prior to		
beginning my volunteer assignment. I	I also authorize my fingerprints to be submit	itted to the Department of Jutice and my DMV records		
to be checked if my assignment require	es me to drive.			
SIGNATURE:		DATE:		
		Revised 8-12		

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