



# CITY OF CORONA VOLUNTEER APPLICATION

ADMINISTRATIVE SERVICES- HR - 400 S. VICENTIA AVE. CORONA, CA 92882 SUITE # 310

PHONE: (951) 279-3504 WEBSITE: www.CoronaCA.gov

**IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE ALL INFORMATION REQUESTED**

POSITION YOU ARE APPLYING FOR	VOLUNTEER	SOCIAL SECURITY NUMBER
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(PRINT OR TYPE) LAST NAME	FIRST	MI
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MAILING ADDRESS NUMBER	CITY	STATE	ZIP
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AREA CODE	CELL PHONE #	AREA CODE	HOME PHONE #	AREA CODE	OTHER PHONE #
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E-MAIL ADDRESS
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(Check one)

Are you related to anyone working for the City of Corona?  YES  NO

If yes, Name \_\_\_\_\_ Relationship \_\_\_\_\_

<b>List below the times you are available to Volunteer:</b>							<b>DRIVER'S LICENSE</b>	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	NUMBER AND STATE	
							EXPIRATION DATE	

**EDUCATION** **HIGH SCHOOL NAME:** \_\_\_\_\_

Did you graduate from High School or receive your GED? YES  NO

Name of Schools Attended Colleges/Trade	Semester or Quarter (Units Completed)	Major (Do not Abbreviate)	Did you Graduate?
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>
			Y <input type="checkbox"/> N <input type="checkbox"/>

**PROFESSIONAL SKILLS**

Summarize special professional training, hobbies and knowledge acquired from previous employment or other experience that would help us assess your qualifications. (Example: Computer Skills, Certificates, Volunteer Programs, School Activities, Bilingual, etc.).


**APPLICANT MUST COMPLETE**

Have you ever plead "guilty", "no contest" or been convicted of any criminal offense, other than a minor traffic violation? NOTE: A conviction is not an automatic bar to employment as each case will be considered on its own merit.

OFFENSE	PLACE	DATE	PENALTY

Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons? (Check one)  
 YES / NO

If the answer is "yes to the above, please explain. \_\_\_\_\_

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Have you ever been refused participation in any other volunteer program?	<b>(Check one)</b> <input type="checkbox"/> YES / NO <input type="checkbox"/>
If the answer is "yes to the above, please explain. _____	

<b>EXPERIENCE</b>	
1) List previous/current volunteer experience for the last ten years beginning with your most recent. 2) Additional sheets may be attached if necessary. Be specific in detailing Title, Dates, Hours & Description of Duties.	
Title: _____ Organization Name, Address & Phone # _____	Duties: _____
Supervisor _____ Dates: _____ From _____ to _____ Hours worked per week: _____	Reason For Leaving: _____
Title: _____ Organization Name, Address & Phone # _____	Duties: _____
Supervisor _____ Dates: _____ From _____ to _____ Hours worked per week: _____	Reason For Leaving: _____
Title: _____ Organization Name, Address & Phone # _____	Duties: _____
Supervisor _____ Dates: _____ From _____ to _____ Hours worked per week: _____	Reason For Leaving: _____

<b>Please list three references, aside from family members, at least one that has knowledge of your participation in a volunteer program.</b>		
Name:	Nature of Relationship:	Phone:

*I hereby certify that all information contained in this application is true and complete. I also understand that the information I have provided will be verified by the City, and that any false statement, omission, or incomplete information may be cause for rejection of my application or discharge from my volunteer assignment. I understand that any volunteer assignment is contingent upon my meeting background screening standards established for this position. I also understand that regardless of previous appointments the City is not obligated to appoint me to a volunteer position.*

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>UNDER 18 YEARS OF AGE MUST HAVE A PARENT OR GUARDIAN SIGN</b>	
PARENT OR GUARDIAN SIGNATURE: _____	DATE: _____
PRINT PARENT NAME: _____	PARENT PHONE NUMBER: _____



# Volunteer Information & Emergency Contact Form

	Age 12-17
	Age 18 & up

## Volunteer Information

## Emergency Contact Information

\*Physical address Required for Emergency Contacts.  
No PO Boxes\*

Volunteer Name: \_\_\_\_\_

Department: **Library & Recreation Services**

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Check the positions below in which you have an interest:

<input type="checkbox"/> Adaptive Recreation Assistant <input type="checkbox"/> Adult Reading Assistance Tutor <input type="checkbox"/> Book Cleaning Crew (Library, ages 12-17) <input type="checkbox"/> Book Duster (Library, 16 & up) * <input type="checkbox"/> Book Straightener (16 & up) * <input type="checkbox"/> Class Coordinator (Senior Center) <input type="checkbox"/> Class Facilitator (Senior Center) <input type="checkbox"/> Equipment Handler (Circle City Center) <input type="checkbox"/> Facility Assistant (Senior Center, 16 & up) <input type="checkbox"/> Facility Monitor (Circle City Center, 16 & up) <input type="checkbox"/> Friends of the Library <input type="checkbox"/> Front Desk Aide (Circle City Center 16 & up)	<input type="checkbox"/> Furniture Duster (Circle City Center 16 & up) * <input type="checkbox"/> Homework Helper (ages 12 and up) <input type="checkbox"/> Office Aide (16 & up) <input type="checkbox"/> Room Set-up (Circle City Center, 16 & up) <input type="checkbox"/> Shelf Reader (Library, 15 & up) <input type="checkbox"/> Special Events Assistant (ages vary) <input type="checkbox"/> Storyteller (ages 15 & up) <input type="checkbox"/> Summer Reading Asst. (9 <sup>th</sup> grade & up) <input type="checkbox"/> Technology Coach (ages 15& up) <input type="checkbox"/> Teen Advisory Council (ages 12-17) <input type="checkbox"/> Youth Sports Coach/Scorekeeper (16 & up)
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\* Suitable for special needs w/caregiver

List the times you are available to Volunteer:						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Are you volunteering for school credit?                      YES / NO

Are you volunteering for a club or organization?            YES / NO

If yes, what club? \_\_\_\_\_ Contact Name & Number \_\_\_\_\_



## CITY OF CORONA VOLUNTEER RELEASE FORM (WAIVER OF LIABILITY)

I \_\_\_\_\_ have agreed to volunteer my services to the City of Corona \_\_\_\_\_ **Department.** I am fully aware of all the risks associated with the work I will be assigned and acknowledge that I am physically fit and able to perform the work that is assigned me by the \_\_\_\_\_ **Department.** If I do not feel that I am capable of performing the work assigned me, I will inform the Department Supervisor. I further understand that the City and its various departments provide no compensation for my services and that I am not entitled to any benefits from the City, including but not limited to, workers' compensation.

I HEREBY ACKNOWLEDGE, UNDERSTAND AND AGREE to defend, indemnify, save and hold free and harmless the City and its officials, officers, employees, volunteers and agents from any and all liability from loss, damage, cost or injury, including wrongful death, to any property or persons, including third parties, in any manner arising out of or incident to any acts, omissions or willful misconduct of me while I participate in the volunteer activities, whether or not while using City equipment, supplies and apparatus, including without limitation the payment of attorneys' fees. Further, I shall defend at my own expense, including attorneys' fees, the City and its officials, officers, employees, volunteers and agents in any action or proceeding, legal, administrative or otherwise, based upon such acts, omissions or willful misconduct. I agree to accept and assume full responsibility for any and all risks of damage, injury, or death resulting to me while participating in the volunteer activities, whether or not while using City equipment, supplies and apparatus, whether the risks are known or unknown to me. \_\_\_\_\_ (Initial)

I HEREBY ACKNOWLEDGE, UNDERSTAND AND AGREE, in consideration for the City allowing me to participate in the volunteer activities, that I, my personal representatives, heirs, next-of-kin and assigns (collectively the "Releasers") hereby release, waive, discharge and covenant not to sue the City and its officials, officers, employees, volunteers and agents from and for any and all liability for any loss or damage to me or the other Releasers, and from and for any claim or demands therefor on account of injury to the person or property of me or the other Releasers, including death, whether caused by the negligence of me, the City, other participants in the volunteer activities, or anyone else while I participate in the volunteer activities, whether or not using City equipment, supplies and apparatus, whether the risks are known or unknown to me. \_\_\_\_\_ (Initial)

I HEREBY ACKNOWLEDGE, UNDERSTAND AND AGREE that I have read and voluntarily sign this release, waiver and indemnity certification, further agree that no oral representations, statements or inducements apart from the foregoing written certification have been made, and further agree this release, waiver and indemnity certification shall be binding on me and my personal representatives, heirs, assigns and next-of-kin. I will strictly abide by all safety requirements and other instructions given to me by any and all City personnel and/or training instructors during my participation in the Training. \_\_\_\_\_ (Initial)

I HAVE CAREFULLY READ, UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE OF LIABILITY. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS FORM. I HAVE AGREED TO SIGN THIS CERTIFICATION OF MY OWN FREE WILL. I UNDERSTAND THAT I MAY SEEK THE ADVICE OF AN ATTORNEY IN ANY MATTER CONNECTED WITH THIS FORM BEFORE SIGNING.

**Participant:**

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

If volunteer is under the age of 18 years old, parent or guardian must sign here

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date