



Surrounded *by* Inspiration

City of Monte Vista Volunteer Application

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

Last Name	First	MI	Volunteering for
Street Address			Type of volunteer experience desired
City, State, Zip			
Home Phone			
Business Phone/Cell Phone			1 st Choice
Social Security Number			
Date of Birth			2 nd Choice

Have you previously volunteered with the City of Monte Vista? Yes No If yes, when? From/To

Have you been employed by the City of Monte Vista? Yes No Dates of Employment

Have you been convicted of a crime of child abuse or unlawful sexual behavior? Yes No

If yes, explain:

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." (Exclude minor traffic violations) Yes No
(A conviction will not necessarily disqualify an applicant for employment.)

If yes, give details:

IF A VOLUNTEER IS FOUND TO HAVE A CRIMINAL RECORD, EMPLOYMENT MAY BE TERMINATED. THE CITY OF MONTE VISTA HAS STRICT VOLUNTEER CRITERIA. WE CONDUCT CRIMINAL BACKGROUND CHECKS ON ALL PROGRAM VOLUNTEERS.

Relatives employed by or on a Board of the City of Monte Vista:

Name Relationship

What other organizations, if any, have you volunteered for?

Name	Position
Address	Supervisor
Phone Number	Dates
Name	Position
Address	Supervisor
Phone Number	Dates
Name	Position
Address	Supervisor
Phone Number	Dates

Employment History

List most recent first

Company Name	1	2	3
Supervisor Name			
Dates of Employment			
Position Held			
Street Address			
City/State/Zip			
Telephone No. (With area code)			

Personal References

Others familiar with your work or school achievements (Not former employers or relatives) **Must include complete information**

Name (First/Last)	1	2	3
Occupation			
Company/School			
Street Address			
City/State/Zip			
Telephone No. (With area code)			

One personal reference that is a relative:	
Name	Address
Phone (with area code)	Relationship

AFFIDAVIT, CONSENT, & RELEASE (Please Read Each Statement Carefully Before Signing)

I hereby declare that all information provided by me in this Application for Volunteering or any attachments is true, correct, and complete. I understand that any false information, misstatement or omission of fact on this application or attachments may disqualify me from further consideration for employment or volunteering and may lead to immediate termination of the volunteering relationship if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I authorize you to obtain any background information including, but not limited to, reference checks, criminal checks, and motor vehicle information. These reports, if obtained, may include information as to my character, general reputation, abilities, and other information.

I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND THAT THE CITY OF MONTE VISTA HAS THE RIGHT TO TERMINATE ANY VOLUNTEER RELATIONSHIP AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature, consent to these statements.

X Signature Signature of Parent/Guardian if under 18	Date
	Date

Approval for Volunteering

Supervisor's Signature

Date