

CITY OF CAMPBELL VOLUNTEER APPLICATION

NAME: _____ DATE: _____
ADDRESS: _____ HOME PHONE: _____
CITY _____ ZIP _____ WORK PHONE: _____

Parental Signature (if you are under age 18) _____
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How did you learn about the Campbell Volunteer Services Program? (Please check all that apply)

____ Recreation Activities Guide ____ Public Library ____ Volunteer Exchange ____ Another Volunteer ____ Newspaper
____ City Website ____ Other (Please Explain) _____

Present or Previous volunteer experience _____

Why do you want to do volunteer work? (For example: new or improved skills, school credit, career exploration, etc.) _____

Describe any limitations on the volunteer work you can perform at this time _____

EDUCATION (Please circle last year completed):

HIGH SCHOOL 1 2 3 4 COLLEGE: 1 2 3 4 GRADUATE SCHOOL, DEGREE IN _____

SPECIAL TRAINING/INTERESTS/LICENSES _____

TIME AVAILABLE FOR VOLUNTEER WORK:

____ HOURS per day Please circle preferred days: Sun Mon. Tues. Wed. Thurs. Fri. Sat. whenever needed

____ TIMES per week/month (circle one)

PREFERRED SHIFT

LENGTH OF COMMITMENT:

____ on a
____ Regularly scheduled day
or
____ on-call only

____ Mornings
____ Afternoons
____ Evenings
____ Weekends

____ One project only
____ up to 3 months
____ 3 months or more
____ Indefinite at this time

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WHICH VOLUNTEER JOBS INTEREST YOU AT THIS TIME?

IN WHICH OF THE FOLLOWING GENERAL AREAS WOULD YOU PREFER TO SPEND YOUR TIME? (Please check as many as apply)

<input type="checkbox"/> Office work	<input type="checkbox"/> Seasonal special events	<input type="checkbox"/> Public Safety Programs/Police Dept.
<input type="checkbox"/> Museum/Cultural Arts	<input type="checkbox"/> Recreation/Sports	<input type="checkbox"/> Disaster Preparedness/Relief
<input type="checkbox"/> Computer Technology	<input type="checkbox"/> Working with Children	<input type="checkbox"/> Maintenance/Painting and Carpentry
<input type="checkbox"/> Downtown Redevelopment	<input type="checkbox"/> Working with Adults	<input type="checkbox"/> Park projects/gardening

Other (please specify) _____

SKILLS BANK

In order for us to list your special talents in our Skills Bank and notify you when appropriate projects arise, please complete the following: (You are never obligated to accept such assignments when you are called)

Please complete ONLY those areas you want to work in, and indicate the LEVEL of your skill as follows:

- 1 = INTERESTED, no special training or experience
- 2 = KNOWLEDGEABLE, some education, training or experience
- 3 = EXPERIENCED, have done it many times
- 4 = PROFICIENT, could teach it to others if called upon to do so

<input type="checkbox"/> Mass Mailings	<input type="checkbox"/> Crafts	<input type="checkbox"/> *Bilingual Translator (see below)
<input type="checkbox"/> Typing	<input type="checkbox"/> Gardening	<input type="checkbox"/> Storm Drain Stenciling Project
<input type="checkbox"/> Filing	<input type="checkbox"/> Sewing	<input type="checkbox"/> **Lecturer
<input type="checkbox"/> Photocopying	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Publicity
<input type="checkbox"/> Telephoning	<input type="checkbox"/> Painting	<input type="checkbox"/> **Teacher/Trainer/Workshop Leader
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Janitorial	<input type="checkbox"/> Museum Docent/Worker
<input type="checkbox"/> Reception	<input type="checkbox"/> Calligraphy	<input type="checkbox"/> Writer (Newsletter, Manuals, Articles)
<input type="checkbox"/> Inventory	<input type="checkbox"/> Graphic Arts	<input type="checkbox"/> Computer literacy
<input type="checkbox"/> Research	<input type="checkbox"/> Fine Arts	<input type="checkbox"/> Computer trainer
<input type="checkbox"/> Survey-taking	<input type="checkbox"/> Theater Arts	<input type="checkbox"/> Computer programmer
<input type="checkbox"/> Marketing	<input type="checkbox"/> Photography	<input type="checkbox"/> Day Camp Jr. Leader
<input type="checkbox"/> Recruiting	<input type="checkbox"/> Cooking	<input type="checkbox"/> Health-related projects
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Videotaping	<input type="checkbox"/> Nutrition-related projects
<input type="checkbox"/> Drafting	<input type="checkbox"/> RN or LVN	<input type="checkbox"/> **Technical consultation

OTHER _____

*FOREIGN LANGUAGE _____ SPEAK _____ WRITE _____ READ _____

**AREA OF EXPERTISE _____

PERSONAL COMMENTS: _____

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CITY OF CAMPBELL VOLUNTEER REGISTRATION

The City of Campbell requires that all volunteers be registered, oriented, supervised and participate in any training required by their chosen volunteer job. All registered volunteers are covered by the City's Workers' Compensation Insurance while on volunteer assignment or participating in training directly connected with such duty. The following information will be on file in the Volunteer Office.

VOLUNTEER'S NAME: _____

Some volunteer positions may require a valid driver's license.

Do you have a valid California driver license? _____ License Number _____ Expiration date: _____

Can you provide proof of insurance? _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP TO VOLUNTEER: _____

Phone (_____) _____

PARTICIPATION AGREEMENT:

In return for orientation, training, supervision and evaluation of my volunteer efforts, I agree to:

_____ take my volunteer commitment seriously and work in a professional manner;

_____ keep my agreed upon schedule, which includes: being on time, notifying my project supervisor in case of illness, delay, unavoidable absence or the need to discontinue my assignment before its completion;

_____ respect the confidentiality of all materials with which I come into contact.

Signature: _____ Date: _____

TO BE COMPLETED ONLY IF VOUNTEER IS A MINOR:

If an emergency occurs involving the above named minor and a parent/guardian cannot be reached, the undersigned authorizes _____ (supervisor of minor's volunteer project), or such substitute as he/she may designate, as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above minor. This must be deemed advisable by and rendered under the general or special supervision of a licensed physician, surgeon or dentist.

Signature of Parent/Guardian Date: _____