



VOLUNTEER APPLICATION

Town of Yountville

Date: _____

CONTACT INFORMATION

Full Name:	Address:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Best time to call:	
Date of Birth:	

SKILLS AND BACKGROUND

Current or Past Occupation:	Place of Employment:
Previous Volunteer Experience:	Special Training/Skills/Certifications:
Drivers License Number: Do you own a vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes, Insurance Co.:	Languages Spoken:
If attending school, please provide name of school:	Highest Grade Completed: Degree/Major:
Do you require any special accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes	

VOLUNTEER INTERESTS

What types of volunteer projects interest you? <input type="checkbox"/> Coaching <input type="checkbox"/> Special Events/Event Planning <input type="checkbox"/> Office Support <input type="checkbox"/> Maintenance Projects <input type="checkbox"/> Photography <input type="checkbox"/> Sports (Scorekeeping, etc.) <input type="checkbox"/> Public Outreach Programs <input type="checkbox"/> Youth Mentoring <input type="checkbox"/> Computer Entry <input type="checkbox"/> Graphic Design <input type="checkbox"/> Other: _____ Age Groups of Interest <input type="checkbox"/> Preschoolers <input type="checkbox"/> Elementary age <input type="checkbox"/> Teens <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Families	How long are you available to volunteer? <input type="checkbox"/> Special Projects Only <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Ongoing Other:
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Please indicate days/times you are available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Do you have any friends or family members who work for the Town? If so, please provide their name and position:

Name: _____ Position: _____ Friend
 Family

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REFERENCES

Please provide two references (not related to you):

Name: _____ Phone: _____ Years Known: _____

Name: _____ Phone: _____ Years Known: _____

EMERGENCY CONTACTS

(Minors must list at least one parent or guardian)

Full Name: Relationship to you:	Address:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Full Name: Relationship to you:	Address:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

Have you ever been convicted of any misdemeanor or felony? No Yes, please explain: _____

REVIEW AND ACKNOWLEDGE

Initials

I understand all volunteers are subject to a screening process that may include but is not limited to: fingerprinting, background check, credit check, driving record review, interview, and contacting references. I understand I have the right to refuse any of these screening processes, but in doing so may become ineligible for volunteer opportunities.

I understand that as a volunteer I will not be paid for my services beyond reimbursement for incidental expenses related to the assignment (i.e. mileage reimbursement).

I understand that my selection as a volunteer is dependent on my review of the job description and ability to perform the essential functions, duties, and responsibilities of the assignment.

I understand that I may not begin an assignment until orientation has been completed and all requested paperwork has been submitted including but not limited to: Release of Liability, Acknowledgement of Workers' Compensation Benefits, Consent to Background/Credit Check and Information Release, Affidavit of Criminal History, and Proof of Insurance.

I understand as a volunteer I am subject to the rules, policies, and regulations of the Town. I further understand that as a volunteer, I may be dismissed at any time, with or without notice or cause.

Applicant Signature:

Parent/Guardian Signature (if applicant is a minor):

Print Name: _____