



# CITY OF VACAVILLE VOLUNTEER REGISTRATION FORM

650 Merchant Street  
Vacaville, CA 95688  
www.cityofvacaville.com

**This form must be completed by anyone volunteering in any capacity for the City of Vacaville**

<b>VOLUNTEER ASSIGNMENT:</b> _____		Beg. Date _____	
If volunteering as part of an organization please list the organization: _____			
NAME _____		End Date _____	
_____ Last	_____ First	_____ M.I.	
ADDRESS _____	CITY _____	ZIP _____	
HOME PHONE # _____	WORK # _____	CELL # _____	
EMAIL ADDRESS _____			
May Numbers Be Given Out?			
<b>Home:</b> Yes    No	<b>Work:</b> Yes    No	<b>Cell:</b> Yes    No	<b>Email:</b> Yes    No
<b><u>In Case of Emergency</u></b>			
Emergency Contact _____	Relationship _____	Phone # _____	
Alternate Contact _____	Relationship _____	Phone # _____	
Medical Insurance Carrier _____			
Hospital to use in care of emergency _____			
Do you have any health problems we should be aware of in an emergency or that would prevent you from performing the duties of the volunteer assignment? Yes    No    Please list: _____			
Have you ever been convicted of any violation of the law including (other than minor traffic violations) infractions, misdemeanors or felonies in either military or civilian judicial systems? Yes    No    If yes, give date, place, violation and penalty for each conviction. _____			
_____			
Have you lived outside of the state of California? If so please list when and where _____			
_____			
I understand that volunteer positions require checking references, various types of background checking. I hereby authorize any and all such background checks. As a volunteer for the City of Vacaville, I understand that I will not receive any monetary compensation for the time I contribute. I acknowledge that volunteer service is an "at-will" relationship to the City and that I can be released at any time. I certify that all statements made on this registration form or on supplementary materials are true and correct and I authorize the City of Vacaville to investigate the accuracy of this information from any person or organization.			
_____ Signature		_____ Date	
Volunteers should be at least 16 years old (Police Department – 18 years old). Exceptions to the age limit can be granted with written approval of both the volunteer's parent/guardian and the Supervisor. If volunteer is under the age of 18, I give permission for my child to volunteer for the City of Vacaville.			
_____ Parent/Guardian Signature		_____ Date	
<b><u>OFFICE USE ONLY</u></b>			
_____ Coordinator Signature		_____ Date	_____ Supervisor Signature
			_____ Date

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Please complete this page if your volunteer assignment and/or placement has not yet been determined:

**DEPARTMENT OF INTEREST**

- Community Services
- Police Department
- Fire Department
- Housing & Redevelopment
- Other (please specify) \_\_\_\_\_

**AREAS OF INTEREST**

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Youth Sports                 | <input type="checkbox"/> Teen Center        | Internship _____                   |
| <input type="checkbox"/> Senior Center                | <input type="checkbox"/> Theatre Usher      | Start Date _____ End Date _____    |
| <input type="checkbox"/> General Clerical/data entry  | <input type="checkbox"/> Crime Prevention   | Undergraduate _____ Graduate _____ |
| <input type="checkbox"/> Parking Patrol               | <input type="checkbox"/> Senior Visitations |                                    |
| <input type="checkbox"/> Park Watch Patrol            |   |                                    |
| <input type="checkbox"/> Other (please specify) _____ |   |                                    |

**TIME PERFORMANCE**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> One time project   | <input type="checkbox"/> Regular Hours    |   |
| <input type="checkbox"/> Five hours a month | <input type="checkbox"/> 10 hours a month | <input type="checkbox"/> 20 hours a month |

**EDUCATION**

High School _____	Employer _____	From _____ to _____
College _____	Duties _____	
	Employer _____	From _____ to _____
	Duties _____	

**PAST VOLUNTEER EXPERIENCE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT DO YOU HOPE TO GAIN FROM THE VOLUNTEER EXPERIENCE**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REFERENCES**

Please list three persons acquainted with your capabilities – **NOT RELATIVES**

Name	Address	Daytime Phone	Evening Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Office Use Only:**

Contingencies prior to placement:  Reference Checks  Drug Screen  Fingerprints  DMV History  
 (initial those completed)  Credit Checks  None