



VOLUNTEER APPLICATION

CitySERVE Program / Volunteer Initiative Program

City of Santa Cruz

County of Santa Cruz



Name: _____ Date: _____
 Home Address: _____ Phone: _____
 City and Zip Code: _____ Email: _____
 Date of Birth: _____ Age: _____

Availability: _____ Hours per day _____ Days per week _____
 Preferred Days (Please circle): M T W TH F SAT SUN
 Preferred Time of day: Mornings Afternoon Evenings
 Length of commitment you seek: Less than 3 months 3-6 months
 6-12 months As long as needed

What are your goals for a volunteer position right now?

Are you currently a student? If so, what school are you attending?

Elementary/Jr. High: _____ High school: _____
 College: _____ Major: _____

Do you have Community Service Hours assigned by the Court? Yes No

Have you ever been convicted of a sex crime, drug crime or crime of violence?

Yes No If yes, please explain:

Emergency Contact: _____ Relationship: _____
 Work phone: _____ Home phone: _____

I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in this interest form. I am aware that fingerprinting is required for all volunteer assignments related to children and in certain other departments. I understand that this is a non-paid position with no promise, expressed or implied, of consideration for future employment.

Signature of Applicant: X _____ Date: _____

Signature of Parent/Guardian: X _____ Date: _____

(If Applicant is under the age of 18)

The following information is **voluntary** and it will help our program evaluate its recruitment practices and compile required statistical reports. The information will not be used to discriminate against or give preference to any individual in any volunteer position. Thank you for your cooperation.

- How did you hear about this program? Newspaper Website Flier Other: _____
- Ethnic Origin: Caucasian/White Native American/Alaskan Native African American/Black
 Asian / Pacific Islander Latino/Hispanic Decline to State
- Gender: Male Female
- Sign-Up to receive CitySERVE/VIP email's regarding upcoming/on-going volunteer opportunities! YES NO
- County/City of Santa Cruz Department(s): Please list priority departments/projects of interest:
 I. _____ II. _____ III. _____ IV. _____



PLEASE RETURN TO:

VIP: 701 Ocean St., Room 30 Santa Cruz, CA 95060

Phone: (831) 454-2987

Fax: (831) 454-3463