



An Equal Opportunity Employer

City of Antioch Recreation Department Volunteer Application

Antioch Recreation Department P.O. Box 5007 4703 Lone Tree Way Antioch, CA 94531 (925) 776-3050 Visit our website at: www.antiochca.gov

PLEASE TYPE OR PRINT IN INK

Incomplete or illegible applications may be rejected. All statements are subject to verification.

Office Use Only

Accepted Rejected checkboxes

Name Last First Middle

Mailing Address Number Street City State Zip

Cell Phone Home Phone

Email Address Driver's License No.

If volunteer applicant is under 18 years of age, complete the following:

Parent/Guardian Name Last First Middle

Mailing Address Number Street City State Zip

Cell Phone Home Phone

Email Address

Have you ever lived outside of the State of California? Yes No

Do you have a Valid C.P.R. Card? Yes No

VOLUNTEER'S ACKNOWLEDGEMENT

I, hereby state and agree as follows:

- 1. I am a volunteer, donating my time, services and energies to the City.
2. I understand and acknowledge I will receive no salary, remuneration or benefits extended to the employees of the City...
3. I hereby release the City, its officers, agents and employees from any and all liability, claims, cause of action, or actions...
4. I understand and agree that this application does not constitute a contract for volunteer time for any definite duration...
5. I understand and agree that as a volunteer I will be fingerprinted and provide the City with a copy of a negative Tuberculosis (TB) Test obtained from my physician.

I represent and warrant that I have read and fully understand the foregoing and seek to volunteer under these conditions.

Volunteer's Signature Date

List any volunteer work you had in recreation or related field:

References: Name: _____ Name: _____
 (List 2) Phone: _____ Phone: _____

EDUCATION & TRAINING

Circle Highest Grade Completed	8	9	10	11	12	G.E.D.	College	1	2	3	4	Grad Work?	Yes	No
Colleges or Universities attended			Location		From	To	Units Completed Sem.	Qtr.	Degree		Year			

SPECIAL QUALIFICATIONS - List licenses, certificates and/or registrations required for this job.

TITLE	DATE ISSUED	DATE EXPIRES	NUMBER
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT RECORD

Begin with present or most recent position. List work record for the past ten (5) years and include any other pertinent experience. **THIS SECTION MUST BE COMPLETED.** A resume may be attached, but does not substitute for completing this section.

FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. ()	Salary:	Reason for leaving:
FROM: Month/Year	TO: Month/Year	Total No. Months	Title of Position:
Name and address of employer:			Your duties were:
Name and title of supervisor:			
No. supervised	Phone No. ()	Salary:	Reason for leaving:

May we contact your present employer? Yes No

FINGERPRINTING AND TB TEST REQUIREMENTS

State law requires that all public parks and recreation employees and volunteers who have direct contact with minors submit one set of fingerprints to the Department of Justice. Also required, proof of a negative Tuberculosis (TB) Test within the past 2 years. These conditions are mandatory for consideration in the volunteer program. Once an application has been approved, information on fingerprinting location will be provided to volunteer.

PARENTAL CONSENT FORM (if under 18 years of age)

In the event of illness or emergency, please call: _____ Name _____ Phone Number _____

I have reviewed the volunteer application and registration form and give my consent for _____ to participate in the volunteer program, subject to the terms and conditions expressed therein.

PARENT SIGNATURE _____ DATE _____