



Opportunity Leads Here

CITY OF ANTIOCH
City of Antioch
Future Leader Application

Parks and 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

Please Check all areas of interest: (Must be at least 12 years old to volunteer)

Jr. Lifeguard Swim Lesson Aide Camp Aide Office Support Staff

Name

Last First Middle

Mailing

Number Street City State Zip

Cell Phone Home Phone

Email Address Driver's License No Age

Parent/Guardian Name (if volunteer is under 18 years of age)

Last First Middle

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 except for coverage under the City's Workers' Compensation Program for any injury sustained in the course of performing these services.
3. I hereby release the City, its officers, agents and employees from any and all liability, claims, cause of action, or actions, arising out of or occasioned by bodily injuries or property damages sustained by me as a result of my volunteer services to the City, except as otherwise provided under Workers' Compensation law, and agree to indemnify and hold harmless the City from any such liability, claim, 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. The length of time depends upon on the quality of the job that I do as a volunteer.
5. I understand and agree that as a volunteer I will be fingerprinted and provide the City with a copy of a negative (TB) Test obtained from my physician.

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

Volunteer's Signature Date

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

References (2) Name :

Phone :

Name :

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		Degree	Year
				Sem.	Qtr.		

SPECIAL QUALIFICATIONS - List licenses, certificates and/or registrations.

TITLE	DATE ISSUED	DATE EXPIRES	NUMBER

EMPLOYMENT RECORD

Begin with the present or most recent position. List work record for the past five (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. ()	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. ()	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.

SIGNATURE _____ DATE _____