CITY OF SAN DIEGO PARK AND RECREATION DEPARTMENT

# INDIVIDUAL VOLUNTEER APPLICATION

Position applying for _____

Name _____
Last First Middle

Address _____ _____ _____ _____
Street City State Zip

Home Phone (___) _____ Work Phone (___)_____ Fax (___)_____

E-Mail _____

Date of Birth (Optional) _____/_____/_____ ❑Male ❑Female

Education – Check levels completed where applicable; fill in major or area of emphasis

❑ High School/GED ❑ Bus./Tech. School _____
❑ A.A._____ ❑ B.A./B.S. _____
❑ M.A./M.S._____ ❑ Ph.D. _____

First Aide ❑ Yes ❑ No Expiration Date _____/_____/_____
CPR ❑ Yes ❑ No Expiration Date _____/_____/_____
Driver's License ❑ Yes ❑ No Expiration Date _____/_____/_____

Special skills/ certificates/ certifications _____

Language(s) spoken _____

Hobbies/Interests _____

Briefly describe why you are interested in the Park and Recreation Department Volunteer Program, what you hope to gain, as well as contribute: _____
_____

Describe any relevant volunteer or work experience that may help you in this position. _____
_____

What geographic area(s) would you like to volunteer in? (check all that apply)

❑Downtown/Balboa Park ❑Tecolote Canyon/Serra Mesa ❑City Heights
❑Old Town ❑Clairemont/Linda Vista/ Kearny Mesa ❑College Area
❑Golden Hills/Stockton ❑Rancho Bernardo ❑Allied Gardens/San Carlos
❑La Jolla/Pacific Beach ❑Carmel Valley/Sabre Springs ❑Mission Trails
❑Ocean Beach/Point Loma ❑Mira Mesa/Scripps Ranch ❑Southcrest/Mt. View
❑Mission Bay ❑North Park/Hillcrest ❑Paradise Hills/Skyline
❑South Bay/San Ysidro ❑Encanto

List any physical or health restrictions that might impact your work as a volunteer_____
_____

I am able to begin on _____/_____/_____ and will be available on the following days and times

Monday ___:____ am/pm to ___:____ am/pm
Tuesday ___:____ am/pm to ___:____ am/pm
Wednesday ___:____ am/pm to ___:____ am/pm
Thursday ___:____ am/pm to ___:____ am/pm
Friday ___:____ am/pm to ___:____ am/pm
Saturday ___:____ am/pm to ___:____ am/pm
Sunday ___:____ am/pm to ___:____ am/pm

Please list three personal or professional references

1 _____ (____)_____
Name Relationship Phone
_____
Street address City State Zip

2 _____ (____)_____
Name Relationship Phone
_____
Street address City State Zip

3 _____ (____)_____
Name Relationship Phone
_____
Street address City State Zip

How did you hear about the Park and Recreation Department's Volunteer Program?

- ❑City Employee
- ❑School Bulletin/Flyer
- ❑Web Site_____
- ❑Friend /Relative
- ❑Volunteer Fair
- ❑Other _____
- ❑Church
- ❑Newspaper/Magazine _____

Please check here if you are a court-referred community service volunteer. ❑
Attach additional sheets if you want to provide more information.

NOTICE TO APPLICANTS INTERESTED IN WORKING WITH YOUTH: Thank you for submitting an application to the Park and Recreation Department Volunteer Program. Out of concern for the safety of our communities and in compliance with State Law-- **ALL volunteers 13 years of age and older having direct contact with minors and people with disabilities will be required to be fingerprinted.** A criminal records check will also be run on each applicant through the California Department of Justice. Thank you for your cooperation.

Applicant's signature _____Date _____/_____/_____
*Volunteers who are minors 17 years of age and under, must have parental/legal guardian consent prior to volunteering.*

Parent/Legal Guardian signature _____Date _____/_____/_____

For more information, contact the Park and Recreation Department Volunteer Coordinator at (619) 685-1324
Return application to volunteer site of interest or mail to: City of San Diego Park & Recreation Department
Volunteer Office
1250 Sixth Avenue, 4th Floor
San Diego, CA 92101
Or fax to Park & Recreation Department Volunteer Office at (619) 533-6725

## OFFICE USE ONLY

Date interviewed_____/_____/_____ Date Started _____/_____/_____

Location _____ On Site Supervisor _____