



## CITY OF CHINO COMMUNITY VOLUNTEER CORP APPLICATION

Thank you for your interest in the City of Chino's Volunteer Program. In order to assess your skills, interests, and availability please complete this application form. The items indicated with an asterisk (\*) are required. All other information is optional.

PLEASE NOTE THE FOLLOWING:

1. Please be advised that City of Chino volunteers working with minors (under age 18), **MUST** be fingerprinted by the Chino Police Department **AND CLEARED** with the Department of Justice **BEFORE BEGINNING** volunteer service (no cost to volunteer).
2. The City of Chino does not permit **COURT ORDERED VOLUNTEERS**. If you are trying to fulfill Court mandated hours, please contact the Inland Volunteer & Resource Center at (909) 980-2857 (this agency is not affiliated with the City of Chino).
3. Attention Minors: A hard copy "Waiver of Liability" form, signed by your parent or guardian, must be received prior to beginning volunteer duties. A copy of the Waiver of Liability form is available at [www.cityofchino.org/volunteer](http://www.cityofchino.org/volunteer).

To continue the application process, please complete the information below. Once you complete the form, click on the "I AGREE" check box (agreeing to the stipulated Waiver and Liability information at the end of this document) and the "CONTINUE" button at the end of this form in order to submit your application.

### NAME & CONTACT INFORMATION

First name:	<input type="text"/>	*
Last name:	<input type="text"/>	*
Middle name:	<input type="text"/>	
Group name:	<input type="text"/>	
Street 1:	<input type="text"/>	*
City:	<input type="text"/>	*
State:	<input type="text"/>	*
Zip:	<input type="text"/>	*
Home phone:	<input type="text"/>	*
Cell phone:	<input type="text"/>	
Email address:	<input type="text"/>	*

Date of birth:    \*

Age:  \*

Driver's license number:

**RELATIVE**

Are you a relative of anyone currently affiliated with the City of Chino? If yes, please complete all that applies below.

First name:

Last name:

Middle name:

**INTERESTS**

Please check all that apply.

- Areas in which I am interested:
- After School Program
  - Chino Youth Museum
  - Clerical Support
  - Healthy Chino - Community Garden
  - Historical Museum
  - Other (Please Specify)
  - Recreation Programs
  - Senior Center Programs
  - Special Events
  - Teen Advisory Committee/TOP
  - TV Camera Operators
  - Youth Basketball Coach
  - Youth Flag Football Coach

**CHINO MOUNTED POSSE**

If volunteering as part of an Organization, Business, Club or School service project or requirement, or TOP/TAP (excluding court ordered), please list the Name of School or Organization or Club to the Right. Please also list your Advisor's or Supervisor's name & phone number.

## AVAILABILITY

Please indicate your availability and hours.

Definitions to note: One Day Volunteers are defined as Volunteers that would like to volunteer for only one day in a calendar year. Regular/Ongoing Volunteers are defined as Volunteers that would like to volunteer for more than one day throughout the calendar year.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Volunteer:  \* **One day only**  
**Regular/Ongoing**

## CONVICTION HISTORY

Have you ever been convicted of a criminal offense other than minor traffic citations?

This question seeks information on any conviction from any point in your life (Including any convictions as a minor) even if the conviction was removed from your record. Failure to accurately respond to this question shall result in either your rejection from volunteer service or dismissal. Applicants should verify their legal obligation to report certain convictions as specified by Labor Code Section 432.8.

Select 'Yes' or 'No' for Conviction:  \* **NO**      **YES**

If yes, when?  
Please list convictions, each case is considered under its own merits.

## REFERENCES

Please provide one (1) personal or business reference. Please list a primary phone number for your Reference. References should not be related to you.

Employer name:

First name:

Last name:


Home phone:

Work phone:

Cell phone:

## EDUCATION BACKGROUND

In the drop down box, select the current level of schooling completed. Please note: If you are currently in Jr. High or High School, do not select anything in the drop down box, instead please type in your current school name in the 'School' box.

Education:  

NAME School:

NAME High school:

NAME College:

- Associate Degree
- College Degree
- Doctoral Degree
- High School
- High school equivalency test
- Master Degree
- Some college
- Trade or Vocational school

## EMERGENCY CONTACT INFORMATION

Please complete.

First name:  \*

Last name:  \*

Middle name:

Home phone:  \*

Work phone:

Cell phone:

Relationship:  \*  
Co-worker      grand-mother  
daughter      nieghbor  
son              spouse  
father          friend  
mother          supervisor

## ADDITIONAL INFORMATION

T-Shirt size:  \* large    exlarge    med    small    2xl    or

How many hours do you want to serve?:

How often?:  Daily    Monthly    Weekly    One Time

## APPLICATION RETURN

After reviewing the Volunteer Certification and checking the 'I Agree' box below, please hit the Continue button. For additional information or to leave a message, please contact Melanie Lizarraga, Volunteer Coordinator at 909.334.3533 or by email at [mlizarraga@cityofchino.org](mailto:mlizarraga@cityofchino.org)

## VOLUNTEER CERTIFICATION AND AGREEMENT

I understand that I am providing volunteer services to the City of Chino and as such am not entitled to compensation or benefits otherwise offered to employees of the City of Chino. My services are offered freely, without direct or indirect pressure or coercion from any representative of the City. I understand that time volunteered will not be considered as hours worked under the Fair Labor Standards Act. I understand that upon termination of this volunteer service, I am not eligible for any unemployment insurance compensation.

I certify that all statements made in the Application are true and complete and I authorize investigation of all matters contained. I agree and understand that any misrepresentation or omission of a matter of fact may be justification for rejection of my application. I also authorize the employers, schools, and persons named in this application to provide any additional information regarding my qualifications and character.

As a condition of my volunteer service with persons who are receiving services or other assistance from the City of Chino, I agree not to divulge any information regarding these persons. The unauthorized release of confidential information is a violation under State law. I understand the City's requirements and policy on observing confidentiality and my responsibility to follow this policy in my role as a volunteer.

I AGREE