



CITY OF FOUNTAIN VALLEY

VOLUNTEER INFORMATION FORM

Volunteer Position Applied For: Reserve Senior Volunteer Program

Name _____ Home Phone _____

Address _____ Work Phone _____

City _____ State _____ Zip Code _____ Alternate
Phone _____

E-mail Address _____

VALID CALIFORNIA DRIVER'S LICENSE

License No. _____ Class _____ Expiration Date _____

PROVIDE APPROPRIATE INFORMATION

Are you able to perform the essential functions of the job as stated in the announcement with or without reasonable accommodation? Yes No

As an adult, have you ever been convicted of a crime other than minor traffic violations?
(Note: A conviction will not automatically eliminate you from consideration) Yes No

If you answered yes, explain here: _____

EDUCATION

Highest grade completed: _____ High School Diploma G.E.D.

High School attended _____

COLLEGE/UNIVERSITY ATTENDED	MAJOR	UNITS	TYPE OF DEGREE
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OTHER TRAINING COMPLETED	AGENCY PROVIDING TRAINING	LENGTH OF TRAINING
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PROFESSIONAL LICENSE/ CERTIFICATE POSSESSED	NO.	DATE ISSUED	ISSUED BY	EXPIRATION DATE
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City of Fountain Valley Volunteer Application

THIS SECTION MUST BE COMPLETED

FAILURE TO PROVIDE ALL INFORMATION REQUESTED IN THIS SECTION MAY LEAD TO YOUR APPLICATION BEING DISQUALIFIED. DO NOT ATTACH A RESUME IN LIEU OF PROVIDING THIS INFORMATION. **If you need more space for your job record, use the same format on plain white paper.**

EXPERIENCE: **Begin with your most recent experience.** List all experience gained in the last several years, including periods of self-employment, military service, and volunteer service. Give full details about experience which, in your opinion, makes you qualified for the volunteer position for which you are applying. For full consideration, you must provide all information requested about your qualifications and work record. **NOTE: Please indicate any other names under which you have been employed wherever applicable.**

Mo. Yr. To Mo. Yr.	Name and Address of Employer _____	
_____	_____	
Monthly Salary	Job Title _____	No. Employees Supervised _____
_____	Name of Supervisor _____	Phone No. _____
Reason for Leaving	Duties _____	
_____	_____	
_____	_____	
_____	_____	

Mo. Yr. To Mo. Yr.	Name and Address of Employer _____	
_____	_____	
Monthly Salary	Job Title _____	No. Employees Supervised _____
_____	Name of Supervisor _____	Phone No. _____
Reason for Leaving	Duties _____	
_____	_____	
_____	_____	
_____	_____	

Mo. Yr. To Mo. Yr.	Name and Address of Employer _____	
_____	_____	
Monthly Salary	Job Title _____	No. Employees Supervised _____
_____	Name of Supervisor _____	Phone No. _____
Reason for Leaving	Duties _____	
_____	_____	
_____	_____	
_____	_____	

CERTIFICATE OF APPLICANT: I certify that all statements made in this information form and attachments are true. I agree and understand that misstatements or omissions of any material fact may be cause for disqualification or dismissal from consideration for this position. I, therefore, authorize the City of Fountain Valley to investigate all statements made on my information form and discuss the results of its investigations with those responsible for filling this volunteer vacancy. I further authorize the City to contact my former employer(s) listed on this form and any listed references or other persons to respond to questions pertaining to information on this form. Further, I release from liability the City of Fountain Valley and such former employer(s) or other persons contacted by and providing information to the City.

I hereby acknowledge that I have read, understand, and agree to the foregoing.

Signature: _____ Date: _____