



VOLUNTEER CANDIDATE APPLICATION

PERSONAL INFORMATION

Position / Area of Interest: _____ Date: _____

Name: _____
Last First Middle

Home Address: _____
Street Number City Zip

Day Number: _____ Evening Phone: _____

E-Mail Address: _____

Employment Status: _____ Currently Employed _____ Unemployed _____ Student _____ Retired

Occupation: _____

Education/Degree(s): _____

AVAILABILITY

What days are you available? _____

What time during the day (mornings, afternoons or evenings)? _____

How many hours can you volunteer per week _____ Under 18: ___ Yes ___ No

EMERGENCY INFORMATION

Emergency Contact Name: _____ Phone: _____

Emergency Contact Address: _____
Street Number City Zip

Doctor's Name (OPTIONAL): _____ Phone: _____

Accommodation: Volunteer applicants with a disability who may require special assistance in any phase of the application or selection process should advise Human Resources by emailing cconatser@ci.marina.ca.us, upon submittal of this application.

SPECIAL SKILLS *(Please circle all that may apply)*

Office

- Computer Skills
- Filing/ Mail Room
- Mail Handling
- Phones
- Public Contact

Construction

- Carpentry
- Electrical
- Engineering
- Landscaping
- Plumbing

Public Safety, Disaster Training & Health

- NERTFirst Aid/CPR
- Red Cross - Medical Doctor
- Search/Rescue - Nurse
- Fire Prevention - Medical Asst
- Fire Fighting - Graffiti Abatement

Recreation & Cultural Services

- Special Events
- Sports Officiating
- Supervising Children/Youth
- Senior Programs

Other: _____

Languages Spoken: _____

Available for Volunteer Disaster Service? _____ Yes _____ No Willing to Drive Personal Car? _____

Vehicle Available for Disaster Service? _____ Car _____ Truck _____ 4-wheel _____ Boat _____ Other _____

Driver's License #: _____ State: _____ Class _____ Expiration Date: _____

Volunteer experience: _____

Why do you wish to volunteer? _____



CITY OF MARINA VOLUNTEER RELEASE OF LIABILITY

The undersigned, who is participating in the City of Marina Volunteer Program, does hereby release the City of Marina, its officers, employees, from liability for any injuries or damages whatsoever to the person or property that the undersigned might incur from participating in said program. If any claim, suit, or legal action of any type arises out of the undersigned's participation in this program, the undersigned shall defend, indemnify and hold harmless the City of Marina and its officers, employees from same.

Date: _____

Signature

Print Name

Consent for Minor's Participation (Required for volunteers under 18)

I hereby consent to allow the above named minor to participate as a volunteer in the City of Marina Volunteer Program. I have read and understand the Participation Agreement and approve of it. I also agree to the terms of the Release of Liability.

Date: _____

Parent/Guardian Signature

Print Name of Parent/Guardian

Relationship to Minor



CITY OF MARINA VOLUNTEER PARTICIPATION AGREEMENT

Volunteer: _____

Department: _____ Supervisor: _____

Volunteer Job Title/Duties: _____

Starting Date: _____

Commitment of Time: _____

Hours: _____ per week Day(s): _____ Time: _____

By signing this form, I acknowledge that I have read and understand the job description for this position and the rights and responsibilities listed on this form. I agree to perform volunteer service for the City of Marina in accordance with this Participation Agreement and the Volunteer Handbook, and to give notice if I must discontinue work on this volunteer job before I have completed the terms of this agreement. I know of no conditions or limitations which would preclude my accepting and completing this agreement.

- ❖ I understand my volunteer assignment does not require me to drive a vehicle or operate power tools.
- ❖ I understand that I will work for the Department Supervisor listed above and if there are any problems, I will work with that person or talk to the Volunteer Coordinator.
- ❖ I understand that a criminal record check may be necessary for some assignments.

Volunteer's Signature

Date



PARENTAL CONSENT FOR FINGERPRINT BACKGROUND CLEARANCE

I, _____, the parent or legal guardian, of _____ (minor), hereby give consent to the City of Marina to obtain a fingerprint background clearance through the Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) for the minor named above.

I/ we understand the live scan fingerprint results are confidential and property of the City of Marina. I/we understand that the City of Marina reserves the right to deny or limit the minor's participation in the program. I/we understand that the City of Marina cannot release results of the background clearance, but I/we may contact the Department of Justice for information.

By signing below, I/we give full consent to City of Marina to obtain a live scan fingerprint clearance of my minor child.

Parent/Guardian Signature: _____ Date: _____

Minor's Signature: _____ Date: _____



SUPPLEMENTAL QUESTIONNAIRE

Name: _____

Social Security Number: _____

Position: _____

Pursuant to California Public Resources Code #5164, this form must be completed by all applicants for positions involving supervisory or disciplinary authority over any minor. Please complete all questions.

		YES	NO
1.	Have you ever been convicted of sexual assault or assault with intent to commit mayhem?		
2.	Have you ever been convicted of unlawful sexual intercourse with a person under age 18?		
3.	Have you ever been convicted of rape?		
4.	Have you ever been convicted of the rape of a spouse?		
5.	Have you ever been convicted of willful harm or injury to a child?		
6.	Have you ever been convicted of child endangerment?		
7.	Have you ever been convicted of corporal punishment or injury to a child?		
8.	Have you ever been convicted of willful infliction or corporal injury to a spouse, former spouse, cohabitant, or mother or father of your child?		
9.	Have you ever been convicted of any sexual crime or offense?		
10.	Have you ever been convicted of any of the following crimes or of an attempt to commit any of the following crimes?		
10.1	Kidnapping?		
10.1.1	If yes, were you convicted of kidnapping or attempted kidnapping with the intent to commit rape, sodomy, lewd or lascivious acts, oral copulation, or forcible acts of sexual penetration?		
10.2	Kidnapping for ransom?		
10.2.1	If yes, were you convicted of kidnapping for ransom or attempted kidnapping for ransom with the intent to commit rape, sodomy, lewd or lascivious acts, oral copulation, or forcible acts of sexual penetration?		
10.3	Sexual battery?		
10.4	Aiding, abetting or soliciting the rape, rape of a spouse, or forcible acts of sexual penetration.		
10.5	Enticement of an unmarried minor female for purposes of prostitution?		
10.6	Aiding and abetting the enticement of an unmarried minor female for purposes of prostitution?		
10.7	Inducing sexual intercourse with another when the other's consent is procured by false pretenses with the intent to create fear?		
10.8	Pimping of a minor?		

10.9	Pandering or a minor?		
10.10	Procurement of a child under 16 years of age for lewd or lascivious acts?		
10.11	Abduction (taking away) of a person under age 18 for purposes of prostitution?		
10.12	Aggravated sexual assault of a child?		
10.13	Incest?		
10.14	Sodomy?		
10.15	Lewd or lascivious acts or the solicitation of the same?		
10.16	Oral Copulation?		
10.17	Continuous sexual abuse of a child?		
10.18	Forcible acts of sexual penetration or the solicitation of the same?		
10.19	Selling, distributing, printing, or exhibition of child pornography?		
10.20	Sexual exploitation of a child?		
10.21	Employment or use of a minor to perform prohibited acts?		
10.22	Advertising child pornography?		
10.23	Possession of child pornography?		
10.24	Annoying or molesting a child under 18?		
10.25	Solicitation of rape by force or violence, sodomy by force or violence, or oral copulation by force or violence?		
10.26	Indecent exposure?		
10.27	Procuring, counseling, or assisting any person to commit indecent exposure?		
10.28	Contributing to the delinquency of a minor?		
10.29	Sending harmful material to a minor with the intent to seduce said minor?		
11.	Have you ever been convicted of armed robbery?		
12.	Have you ever been convicted of armed carjacking?		
13.	Have you ever been convicted of assault or attempted murder of a public official?		
14.	Have you ever been convicted of false imprisonment?		
15.	Have you ever been convicted of assault?		
16.	Have you ever been convicted of battery?		
17.	Have you ever been convicted of murder?		
18.	Have you ever been convicted of mayhem?		
19.	Have you ever been convicted of a crime that requires you to register as a sex offender in the State of California?		

CERTIFICATION OF APPLICANT

I hereby certify that all responses herein are true and correct, and I understand and agree that any misstatement or omission of material fact may cause forfeiture on my part of all rights to employment by the City of Marina.

Date

Signature

REQUEST FOR LIVE SCAN SERVICE

Clear Form

BCII 8016 (3/07)

Applicant Submission

ORI: A1300 Type of Application: _____
Code assigned by DOJ

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

MARINA DEPARTMENT OF PUBLIC SAFETY

00422

Agency authorized to receive criminal history information

Mail Code (five-digit code assigned by DOJ)

211 HILLCREST AVENUE

DIANE ELLIS

Street No. Street or PO Box

Contact Name (Mandatory for all school submissions)

MARINA, CA 93933

(831) 884-1210

City State Zip Code

Contact Telephone No.

Name of Applicant: _____
(Please print) Last First MI

Alias: _____
Last First Driver's License No: _____

Date of Birth: _____ Sex: Male Female Misc. No. BIL - 110312
Agency Billing Number

Height: _____ Weight: _____ Misc. Number: _____

Eye Color: _____ Hair Color: _____
Street No. Street or PO Box

Place of Birth: _____
City, State and Zip Code

Social Security Number: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service: DOJ FBI

If resubmission, list Original ATI Number: _____

Employer: (Additional response for agencies specified by statute)

Employer Name _____

Street No. Street or PO Box _____

Mail Code (five digit code assigned by DOJ)

City State Zip Code _____

() Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator Date

MARINA DPS

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____