



CITY OF REDLANDS VOLUNTEER APPLICATION

GENERAL INFORMATION

NAME:	DATE:
STREET ADDRESS:	
CITY, STATE, ZIP:	
PRIMARY PHONE:	ALTERNATE PHONE:
EMAIL ADDRESS:	
ARE YOU OVER AGE 18?	

DRIVERS LICENSE

DO YOU HAVE A DRIVERS LICENSE?
IF YES, PROVIDE NUMBER AND TYPE:

WHAT DEPARTMENT ARE YOU INTERESTED IN VOLUNTEERING FOR?

- ANIMAL SHELTER
- LIBRARY
- RECREATION
- COMMUNITY EMERGENCY RESPONSE TEAM
- OTHER: _____

AVAILABILITY

HOURS AVAILABLE FOR VOLUNTEER WORK:	
PREFERRED DAYS:	
PREFERRED HOURS:	
LENGTH OF COMMITMENT YOU AGREE TO MAKE:	
DO YOU HAVE COMMUNITY SERVICE HOURS ASSIGNED BY SCHOOL OR OTHER ORGANIZATION?	
IF YES, HOW MANY HOURS?	BY WHAT DATE?

WORK EXPERIENCE

LIST ANY CURRENT OR PAST JOBS OR VOLUNTEER OPPORTUNITIES YOU HAVE HELD:

JOB TITLE:
ORGANIZATION:
LOCATION:
SUMMARY OF DUTIES:
DATES:



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EDUCATION

PLEASE LIST HIGHEST LEVEL OF EDUCATION ATTAINED

SCHOOL:
TYPE OF SCHOOL:
DEGREE TYPE:
MAJOR:
DID YOU GRADUATE?

REFERENCE

NAME:	RELATIONSHIP:
PHONE:	EMAIL ADDRESS:

PLEASE INITIAL HERE TO GIVE THE CITY OF REDLANDS PERMISSION TO CONTACT YOUR REFERENCE: _____

EMERGENCY CONTACT

NAME:	DATE:
PRIMARY PHONE:	ALTERNATE PHONE:

I HEREBY CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND STATEMENTS ARE TRUE AND CORRECT WITHOUT CONSEQUENTIAL OMISSIONS OF ANY KIND WHATSOEVER. I UNDERSTAND THAT FALSE STATEMENTS IN MY APPLICATION SUBJECT ME TO DISQUALIFICATION.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/GUARDIAN
IF APPLICANT IF UNDER AGE 18

DATE