City of Oakley

Law Enforcement Chaplain

Community Chaplain

Recreation

Other

Volunteer Application

| Date of Application. | | | | | | |
|--|--------------------|-------------------|---------------------------|---------------|--|--|
| Full Name: | | Are yo | ou over 18: Yes | No | | |
| Street Address: | | City: | | Zip Code: | | |
| Phone Number: | Altern | ate phone number: | | | | |
| Email Address: | | | | | | |
| Driver's License number: | Expi | ration Date: | tion Date: Issuing State: | | | |
| Are you a citizen of the United Stat | es? Yes No | | | | | |
| Can you provide proof of your legal right to work in the United States? Yes No | | | | | | |
| Education (check all that apply): GE | D HS Diploma | Some College | AA/AS degree | BA/BS degree | | |
| Fluent Languages (other than English): Do you have any physical condition or disability that would limit your ability to perform certain volunteer assignments? | | | | | | |
| Yes No If yes, what ac | commodations do yo | u need? | | | | |
| | | | | | | |
| Current or most recent employer: | | Supervisor: | | | | |
| Date of hire or separation from em | ployment: | | | | | |
| Address: | | Phone number: | | | | |
| If retired, date of retirement: | | | | | | |
| Please provide three (3) references we may contact-professional or personal. References should not be related to you. | | | | | | |
| Name: | E-mail: | Phone: | | Years Known: | | |
| Name: | E-mail: | Phone: | | Years Known: | | |
| Name: | E-mail: | Phone: | | Years Known: | | |
| Emergency Contact | | | | | | |
| Name: | E-mail: | Phone: | | Relationship: | | |

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List any special experiences that you feel would be helpful: Have you ever applied for *any* position in law enforcement prior to this application? Yes No If yes, please explain: Availability for Duties (times): Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Sunday: Since your 18th birthday, have you ever been convicted of a crime (misdemeanor or felony), imprisoned or placed on probation? Yes If yes, please state the full nature of each offense, date(s) of conviction and the disposition. Offense: Date: Disposition: Offense: Date: Disposition: Offense: Date: Disposition: Has your Driver's license ever been suspended or revoked? Yes No If yes, please explain and provide dates: Have you received any traffic citations in the past 5 years? No Yes If yes, please explain below: Violation: Date of Citation: City of Violation: Date of Citation: Violation: City of Violation: Date of Citation: Violation: City of Violation: As a driver of a motor vehicle, have you been involved in a traffic collision (reported or unreported) within the past 5 years? Yes No If yes, please explain:

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Have you ever used illegal drugs, regardless of if current laws deem them legal for recreational use? Yes No If yes, please identify the drug(s) or substance(s) used and the date last used:

Please initial next to each item below:

I HEREBY RELEASE THE CITY OF OAKLEY, ITS EMPLOYEES, AGENTS, OFFICERS, VOLUNTEERS, AND JOINT POWERS AUTHORITIES OF WHICH IT IS A MEMBER ("CITY"), FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS AND CAUSES OF ACTION THAT MAY ARISE FROM MY VOLUNTEER WORK WITH THE CITY, EXCEPT DAMAGES CAUSED BY THE SOLE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT BY CITY.

I HEREBY CERTIFY THAT I HAVE PERSONALLY COMPLETED THIS ADMISSION APPLICATION AND ALL OF THE STATEMENTS CONTAINED HEREIN ARE TRUE AND COMPLETE. I HEREBY AUTHORIZE THE CITY OF OAKLEY TO INVESTIGATE ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY FALSE OR MISSTATEMENTS OF MATERIAL FACT WILL SUBJECT ME TO DISQUALIFICATION.

I AUTHORIZE THE CITY OF OAKLEY THE RIGHT TO CONTACT AND OBTAIN INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSITTUTIONS AND LAW ENFORCEMENT AGENCIES, AND OTHERWISE VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN THE APPLICATION.

I UNDERSTAND AND AGREE THAT THIS APPLICATION DOES NOT CONSTITUTE A CONTRACT FOR VOLUNTEER TIME FOR ANY DEFINITE DURATIONS, I AM FREE TO END MY VOLUNTEER POSITION AT ANYTIME AND THE CITY CAN END MY VOLUNTEER POSITION AT ANYTIME

I UNDERSTAND AND AGREE THAT AS A VOLUNTEER I WILL HAVE CRIMAL HISTORY CHECKED VIA THE LIVESCAN PROCESS AND THAT A BACKGROUND WILL BE DONE ON PREVIOUS EMPLOYMENT AND/OR VOLUNTEER ASSIGNMENTS.

| Applicant's Signature: | Date: | | | | |
|--|----------------------------|-------|--|--|--|
| Parent Signature (if under 18 years of age): | Date: | Date: | | | |
| | | | | | |
| Internal use only | | | | | |
| Application Received By: | Date Application Received: | | | | |
| Referenced Checked By: | Approve to move forward: | | | | |
| Applicant meets minimum requirements: Yes No | If no, explain: | | | | |
| Livescan done on: | Results Received: | | | | |