



CITY OF CALIFORNIA CITY VOLUNTEER APPLICATION

Human Resources Department, 21000 Hacienda Blvd. California City, CA 93505
 Bus: 760-373-7377, Email: hr@californiacity-ca.gov Website: www.californiacity-ca.gov

Applicant Information			
Name: Last First Middle			Home Telephone:
Address:			Work Telephone:
City, State, Zip:			Cell Phone:
Social Security#:	Drivers License#:	State:	Expiration:
Emergency Information			
Name:		Relationship:	
Home Phone: ()		Work Phone:	
Name of Primary Physician:		Telephone #:	
Volunteering Preference			
Department Name:			
Length of time you plan to volunteer: _____			
Start Date: _____ End Date: _____			
What days are you available to do volunteer work? (please circle) Mon. Tues. Wed. Thurs. Fri. Sat.			
What times are you available? Mornings or Afternoons			
Number of hours per week you plan to volunteer:			
Additional Information			
Have you ever been employed by the City of California City? Yes No			
If yes, when and what was your title:			
Have you been convicted of a felony offense by any State or Federal court? Yes No			
If yes, please explain on a separate page.			

Volunteer Code of Conduct

- As a volunteer I will perform only those assigned tasks that are within my physical capability and will not undertake any tasks that are beyond my physical capability or ability.
- As a volunteer I will not undertake to operate or use vehicles, equipment or tools that I am unfamiliar with or have been trained to operate properly and safely, and have not received specific authorization to use from my supervisor.
- As a volunteer I will strictly observe all safety rules and use care in the performance of my assigned tasks.
- As a volunteer I will treat everyone with respect, patience, integrity, courtesy, and dignity.
- Subject to all workplace rules and regulations of the City of California City.

Volunteer Applicant Signature

Date