



CITY OF HERMOSA BEACH

1315 VALLEY DRIVE, HERMOSA BEACH, CA, 90254

WWW.HERMOSA BEACH.GOV

VOLUNTEER APPLICATION

SECTION I

First Name:		Last Name:		Date of Birth:			
Address:		City:		State:		Zip Code:	
Phone:		Email:		Occupation:			
Emergency Contact:		Phone:					

TO BE COMPLETED FOR A MINOR ONLY

Name of Parents or Guardians:		Parents' or Guardians's phone:	
School:		Grade:	

SECTION II

Do you have a driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, driver license number:	
Have you ever been convicted of a violation or attempted violation of Section 243.4 of the Penal Code, a sex offense against a minor, or of any felony, which requires registration pursuant to Section 290 of the Penal Code?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have any limitations related to health or physical ability?	<input type="checkbox"/> Yes <input type="checkbox"/> No, If yes, please explain:		
Please list all special skills, talents, and languages:			
Certifications or Licenses held:			
What volunteer position/program are you interested in?			
Previous Volunteer Experience:			

SECTION III

HOURS AVAILABLE*:

Sunday:	<input type="checkbox"/> Yes <input type="checkbox"/> No	From:		To:	
Monday:	<input type="checkbox"/> Yes <input type="checkbox"/> No	From:		To:	
Tuesday:	<input type="checkbox"/> Yes <input type="checkbox"/> No	From:		To:	
Wednesday:	<input type="checkbox"/> Yes <input type="checkbox"/> No	From:		To:	
Thursday:	<input type="checkbox"/> Yes <input type="checkbox"/> No	From:		To:	
Friday:	<input type="checkbox"/> Yes <input type="checkbox"/> No	From:		To:	
Saturday:	<input type="checkbox"/> Yes <input type="checkbox"/> No	From:		To:	

*Must be maintained updated with supervisor

SIGNATURE

As a volunteer, I have received a copy of the Volunteer Guidelines, which outlines the policies, procedures and expectations for volunteers of the City of Hermosa Beach. I have read and understand the information stated and agree to abide by the policies during my service to the City of Hermosa Beach.

I understand that it is my responsibility to raise any questions or concerns about any of the information outlined in this application to my Volunteer Supervisor or Volunteer Coordinator. Also, that these policies and procedures are continually evaluated and may be amended, modified or terminated at any time. The statements contained in the Application are not intended to create any legal obligations. I further understand that I am to conduct myself in accordance with all City policies and procedures.

Volunteer Name (Print)

Volunteer Signature

Date

(For Volunteers under 18): I, _____ (Parent/Guardian Name), have read and understand the responsibilities and expectations of all volunteers recruited by and for the City of Hermosa Beach.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date