VOLUNTEER APPLICATION

City of Lathrop
Parks & Recreation Department
15557 Fifth Street
Telephone (209) 941-7370
Fax (209) 941-7379

CITY OF LATHROP

NAME_____
LAST FIRST MIDDLE

ADDRESS_____
NUMBER STREET

_____
CITY STATE ZIP CODE

_____ _____ _____
TELEPHONE CELL PHONE HOW SOON WILL YOU BE AVAILABLE?

TYPE OF WORK DESIRED: _____

_____

EXPERIENCE: _____

_____

WHO DO WE CONTACT IN CASE OF AN EMERGENCY?

NAME_____
LAST FIRST MIDDLE

ADDRESS_____
NUMBER STREET

_____
CITY STATE ZIP CODE

_____ _____ _____
TELEPHONE CELL PHONE HOW SOON WILL YOU BE AVAILABLE?

DO YOU HAVE ANY IMPAIRMENT WHICH MAY LIMIT YOUR ABILITY TO WORK APPLIED FOR? YES _____ NO ____

HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF ANY OFFENSE? YES _____ NO ____

IF YES EXPLAIN: _____

_____

YOU MAY OMIT: 1. traffic violations for which the fine imposed was $30 or less. 2. Any offense which was finally adjudicated in a juvenile court or under a youth offender law. 3. Any incident that has been sealed under welfare and institutions code section 781 or penal code section 1203.45

I understand that the position which I am applying for is voluntary and no compensation for the service performed will be given, with the exception of incidental expenses which may be reimbursed upon prior approval. I also understand that I will report to an assigned supervisor and I will be responsible for following all rules and regulations as outlined by my supervisor. The work I will be performing can be suspended at any time as determined necessary by the supervisor or any other supervisor within the City. I also understand that I am under no obligation to work; however, I will give three (3) working days prior notice if I can not perform a duty assigned.

_____ _____
Signature Date