City of Hesperia

VOLUNTEER APPLICATION

9700 Seventh Avenue, Hesperia, CA 92345
(760) 947-1100

Blue, Black Ink or Typewritten Only

VOLUNTEERING FOR:
(Department/Position)

NAME:_____
(Last Name) (First Name) (MI)

MAILING ADDRESS:_____

CITY:_____STATE:_____ZIP:_____

HOME TELEPHONE:_____MESSAGE TELEPHONE:_____

Have you ever been discharged or forced to resign from a position? (If yes, please explain below) ☐ Yes ☐ No

_____

Are you related to any employee of the City of Hesperia? * ☐ Yes ☐ No

**Relative is defined as a spouse, child, step-child, parent, step-parent, parent-in-law, legal guardian, brother, sister, brother-in-law, sister-in-law, step-sister, step-brother, aunt, uncle, niece, nephew, grandchild, grandparent, regardless of their place of residence, or any other individual related by blood or marriage living within the same household as the City employee.*

(If yes, provide the name of that person and your relationship below)

Can you submit verification of your legal right to reside (volunteer/work) in the United States? ☐ Yes ☐ No

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED	NAME OF SCHOOL	LOCATION	DID YOU GRADUATE?
1 2 3 4 5 6 7 8 9 10 11 12			☐Yes ☐No ☐GED

COLLEGE, BUSINESS OR TRADE SCHOOL ATTENDED	MAJOR	DEGREE	NUMBER OF UNITS COMPLETED	
			SEMESTER	QUARTER

Certificates or Licenses of Professional or Vocational Competence:

Membership in Professional or Technical Associations:

(Please exclude any organization that discriminates on the basis of race, color, religion, sex, marital status, national origin, veteran status, medical condition, or physical or mental disability.)

HUMAN RESOURCES DEPARTMENT ONLY

Reviewed by _____

_____ ☐ Application Accepted Dept/Div _____

_____ ☐ Application Rejected Date Assigned _____

Check the departments below in which you have an interest:

_____ Animal Control Office	_____ Code Enforcement	_____ Human Resources	_____ Public Works
_____ Animal Shelter	_____ Economic Development	_____ MIS	_____ Risk Management
_____ City Clerk's Office	_____ Emergency Operations	_____ On Call for Emergency Events, Clean Up, etc.	_____ Special Events
_____ City Manager's Office	_____ Engineering	_____ Planning	_____ Water Billing
_____ Community Development	_____ Finance		

List below the times that you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

EMPLOYMENT HISTORY

List your work for the last **10 years**. Begin with your most recent or current position. If jobs held prior to 10 years ago relate to the position applied for, list these also. Include self-employed and U.S. Military service. Describe the work you did as completely as possible. List each promotion separately. Explain any gaps between employment periods. If more space is needed, use a separate sheet **prepared in the same format** and attach securely. Include volunteer work if it applied to position for which you are applying.

From:_____ To:_____
Month/Year Month/Year
Employer Name & Address:
_____
_____
Supervisor Name & Title:
_____
_____
Telephone:

Job Title:_____
Duties:_____
_____
_____
_____
Reason for leaving or wanting to leave:
_____
Monthly Salary: Lowest $ Highest $ Hours per Week:

From:_____ To:_____
Month/Year Month/Year
Employer Name & Address:
_____
_____
Supervisor Name & Title:
_____
_____
Telephone:

Job Title:_____
Duties:_____
_____
_____
_____
Reason for leaving:
_____
Monthly Salary: Lowest $ Highest $ Hours per Week:

From:_____ To:_____
Month/Year Month/Year
Employer Name & Address:
_____
_____
Supervisor Name & Title:
_____
_____
Telephone:

Job Title:_____
Duties:_____
_____
_____
_____
Reason for leaving:
_____
Monthly Salary: Lowest $ Highest $ Hours per Week:

READ VERY CAREFULLY

I DECLARE UNDER PENALTY OF PERJURY THAT ALL ANSWERS AND STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT UNTRUTHFULLNESS OR MISLEADING ANSWERS ARE CAUSE FOR REJECTION OF THIS APPLICATION.

I UNDERSTAND THAT I MAY BE REQUESTED TO SUBMIT PROOF OF QUALIFICATION AT A LATER DATE. IF UPON CHECKING THESE, YOU DETERMINE THAT I DO NOT MEET SPECIFIC REQUIREMENTS, I UNDERSTAND THAT MY APPLICATION MAY BE DISQUALIFIED.

I UNDERSTAND THAT THE CITY OF HESPERIA MAY WISH TO VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN MY APPLICATION. I HEREBY AUTHORIZE THE DEPUTY HUMAN RESOURCES/RISK MANAGEMENT DIRECTOR OF THE CITY OF HESPERIA TO OBTAIN INFORMATION REGARDING MY REFERENCES, EDUCATION OR TRAINING, PRIOR EMPLOYMENT, AND CRIMINAL HISTORY INCLUDING DRIVING RECORD. I UNDERSTAND THAT THE CITY OF HESPERIA HAS A RIGHT TO OBTAIN ANY CRIMINAL HISTORY INFORMATION. ALL VOLUNTEER APPLICANTS WILL BE FINGERPRINTED FOR THE PURPOSE OF A CONFIDENTIAL BACKGROUND INVESTIGATION, AND WILL BE REQUIRED TO TAKE AND PASS A DRUG AND PHYSICAL TEST.

APPLICANT ORIGINAL SIGNATURE _____ DATE _____

CONFIDENTIAL INFORMATION

Name: _____ **Volunteer Position Requested:** _____

The following must be filled out completely for your application to be considered.

TRAFFIC CITATIONS

Do you hold a valid driver's license? ☐ Yes ☐ No

Driver's License Number _____ State _____ Expiration Date _____ Class _____

Have you had any traffic violations (other than parking) in the last seven years? ☐ Yes ☐ No

List below all court convictions for minor traffic violations (signals, turns, stop signs, etc. excluding those where the fine or bail was $35 or less) and all major violations (drunk driving, hit & run, reckless driving, etc.) which occurred during the last seven years. If additional space is needed, use a separate sheet prepared in the same format and attach securely.

Violation	Date	Place	Sentence/Fine
Violation	Date	Place	Sentence/Fine
Violation	Date	Place	Sentence/Fine
Violation	Date	Place	Sentence/Fine

CONVICTION RECORD

Acceptance of the volunteer application of a person convicted of a crime depends upon the nature of the conviction and the conduct of the volunteer applicant subsequent to the offense. Convictions will be evaluated on a job related basis and will not automatically disqualify someone from further consideration. Answer this section truthfully, including both minor and serious offenses of which you were convicted. Any omissions may be grounds for rejection of the application.

Have you ever been convicted of a breach or violation of any ordinance or law other than a minor traffic violation?
☐ Yes ☐ No

If yes, provide the information requested below for each conviction. Be specific, give name and code number of offense, not simply misdemeanor or felony. If additional space is needed, use a separate sheet prepared in the same format and attach securely.

Offense	Date	Place	Sentence/Fine
Offense	Date	Place	Sentence/Fine
Offense	Date	Place	Sentence/Fine
Offense	Date	Place	Sentence/Fine

VOLUNTEER APPLICANT DATA COLLECTION FORM

Name: _____ **Volunteer Position Requested:** _____

As an Equal Opportunity Employer, the City of Hesperia is required to submit periodic reports regarding applicants (including volunteers) and current employees. To aid the City of Hesperia in its commitment of Equal Opportunity Employment and volunteer opportunities, and in order to collect accurate information, we ask your cooperation in completing this form. You are, however, under no obligation to do so and your response will not affect your application in any way. Any information you provide will be kept confidential.

1. Please check one: ☐ Female ☐ Male
2. Please check one: ☐ Under 40 ☐ 40 or Over
3. Did you graduate? ☐ Yes ☐ No If, "No", received GED? ☐ Yes ☐ No
4. Education: Circle highest year completed:
   8 9 10 11 12 13 14 15 16 17 18 19 20
5. I consider myself to be (please check only one in this section):
   - A. ☐ WHITE, NOT OF HISPANIC ORIGIN (Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)
   - B. ☐ BLACK, NOT OF HISPANIC ORIGIN (Persons having origins in any of the Black racial groups of Africa.)
   - C. ☐ HISPANIC (Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.)
   - D. ☐ ASIAN OR PACIFIC ISLANDER (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands, including China, Japan, Korea, the Philippine Islands and Samoa.)
   - E. ☐ AMERICAN INDIAN OR ALASKAN NATIVE (Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.)

DISABLED STATUS - Any person who has, is regarded as having, or has a record of having a physical or mental impairment, which substantially limits one, or more major life activities, may be eligible for reasonable accommodation as defined by the American with Disabilities Act.

Do you have a physical disability or impairment? ☐ Yes ☐ No

If yes, please describe_____

I FIRST LEARNED OF THIS VOLUNTEER OPPORTUNITY THROUGH (Check one only):

☐	A friend or relative	☐	Received notification by mail (job flyer)
☐	Visit to the City of Hesperia's Human Resources Division	☐	Advertisement (newspaper, publication, television or radio), specify which:
☐	Job Line	☐	Referral from an organization or group, specify which:
☐	Website/Internet	☐	Other, specify:

THE AMERICANS WITH DISABILITIES ACT

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA"), the City of Hesperia will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Anyone who requires an auxiliary aid or service for effective communication, or a modification of policies or procedures to participate in a program, service, or activity of the City of Hesperia**,** should contact the office of **Berta Barocio-Sullivan, Deputy Human Resources/Risk Management Director at 760-947-1837 or 760-947-1126** as soon as possible, but no later than 48 hours before the scheduled event.

The ADA does not require the City of Hesperia to take any action that would fundamentally alter the nature of its programs or services, or impose an undue financial or administrative burden.

Any complaints that a program, service, or activity of the City of Hesperia is not accessible to persons with disabilities should be directed to **Berta Barocio-Sullivan, Deputy Director Human Resources/Risk Management Director at 760-947-1837 or 760-947-1126.** The City of Hesperia will not place a surcharge on a particular individual with a disability or any group of individuals with disabilities to cover the cost of providing auxiliary aids/services or reasonable modifications of policy. This may include retrieving items from locations that are open to the public, but are not accessible to persons who use wheelchairs.

For a complete version of the City of Hesperia's ADA Title II policy, please visit our website at http://www.cityofhesperia.us/article.cfm?=507.