



City of Hesperia

VOLUNTEER APPLICATION

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

Blue, Black Ink or Typewritten Only

Name: _____		
(Last Name)	(First Name)	(MI)
Mailing Address: _____		
City: _____	State: _____	Zip code: _____
Home Telephone: _____	Message Telephone: _____	
Email: _____		

Have you ever been discharged or forced to resign from a position? (If yes, Please explain below)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Are you related to any employee of the City of Hesperia? *	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*Relative is defined as a spouse, child, step-child, step-parent, parent-in-law, legal guarding, 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)		

After volunteer start date, can you submit verification of your legal right to work in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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EDUCATION				
College, Business or Trade School Attended	Major	Degree	Number of Units Completed	
			Semester	Quarter

Check the departments below in which you have an interest:			
<input type="checkbox"/> Animal Control Office	<input type="checkbox"/> Community Development	<input type="checkbox"/> Environmental Programs	<input type="checkbox"/> Planning
<input type="checkbox"/> Animal Shelter	<input type="checkbox"/> Code Enforcement	<input type="checkbox"/> Finance	<input type="checkbox"/> Public Works
<input type="checkbox"/> City Clerk's Office	<input type="checkbox"/> Economic Development	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Reception
<input type="checkbox"/> City Manager's Office	<input type="checkbox"/> Emergency Operations	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Special Events
<input type="checkbox"/> Clerical	<input type="checkbox"/> Engineering	<input type="checkbox"/> On Call for Emergency Clean Up, etc.	<input type="checkbox"/> Water Billing

List below the times that you are available to volunteer:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Duration you are available to volunteer (number of months, summer, etc.)						

HUMAN RESOURCES DEPARTMENT ONLY	
Reviewed by: _____	Department/Division: _____
_____ <input type="checkbox"/> Application Accepted	Meeting/Interview Date: _____
_____ <input type="checkbox"/> Application Rejected	Date Assigned: _____

Recent Employment History List your most recent work experience, if any. Include self-employment and U.S. Military service. Describe the work you performed as completely as possible.			
From: _____ To: _____ Month/Year Month/Year	Job Title: _____ Duties: _____		
Employer Name & Address:	_____		
Supervisor Name & Title:	_____		
Reason for leaving or wanting to leave:	_____		
Telephone:	Monthly Salary	Lowest \$	Highest \$ Hours per week:

To assist in evaluating your application, please answer the questions below and attach additional information if necessary (e.g. resume, letters of recommendation, etc.)

- 1) Are you currently seeking employment? Yes No
- 2) Do you currently work or attend school? Yes No
- 3) Please share with us why you would like to volunteer for the City of Hesperia.

4) What expectations or goals do you have that you hope to accomplish by volunteering for the City of Hesperia?

- 5) Do you have any previous volunteer experience? Yes No
If yes, please list locations, positions held and dates for previous experience. If no, please share life/work experience or extracurricular activities that you feel will help you to succeed as a volunteer.

6) Do you have any special skills that you believe will be an asset? (e.g. computer/office skills, bilingual, etc.)

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 UNTRUTHFULNESS OR MISLEADING ANSWERS ARE CAUSE FOR REJECTION OF THIS APPLICATION OR DISMISSAL FROM A VOLUNTEER POSITION.

I UNDERSTAND THAT I MAY BE REQUESTED TO SUBMIT PROOF OF QUALIFICATIONS AT A LATER DATE. IF UPON CHECKING THESE, YOU DETERMINE THAT I DO NOT MEET THE REQUIREMENTS OF THE ASSIGNED POSITION, I UNDERSTAND THAT I WILL BE DISQUALIFIED.

I UNDERSTAND THAT THE CITY OF HESPERIA MAY WISH TO VERIFY THE ACCURACY OF THE INFORMATION CONTAINED IN MY APPLICATION. IF I AM A FINALIST FOR THIS VOLUNTEER POSITION, I HEREBY AUTHORIZE THE HUMAN RESOURCES/RISK MANAGEMENT DEPARTMENT 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 CANDIDATES WILL BE FINGERPRINTED FOR THE PURPOSE OF A CONFIDENTIAL BACKGROUND INVESTIGATION, AND WILL BE REQUIRED TO TAKE AND PASS A DRUG TEST AND PHYSICAL EXAMINATION PRIOR TO AN OFFER FOR A VOLUNTEER POSITION.

Applicant Original Signature: _____ Date: _____

APPLICANT DATA COLLECTION FORM

As an Equal Opportunity Employer, the City of Hesperia is required to submit periodic reports regarding applicants and current employees. To aid the City of Hesperia in its commitment of Equal Opportunity Employment and in order to collect accurate information, we ask for 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. Prior to review of the application, the Applicant Data Collection form will be removed and retained separately. Any information you volunteer will be kept confidential and will be utilized for statistical purposes only.

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 or 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 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 Philippines 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 or 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 Americans with Disabilities Act.

Do you have a physical or mental impairment? Yes No
 If yes, please describe _____

I FIRST LEARNED OF THIS OPENING THROUGH (CHECK ONE ONLY):

<input type="checkbox"/> A friend or relative	<input type="checkbox"/> Received notification by mail (job flyer)
<input type="checkbox"/> City of Hesperia's Human Resources Division	<input type="checkbox"/> Advertisement (employment website, newspaper, publication, television, radio). Specify Which:
<input type="checkbox"/> City of Hesperia Job Line	<input type="checkbox"/> Referral from an organization or group: Specify which:
<input type="checkbox"/> City of Hesperia Website	<input type="checkbox"/> 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 City of Hesperia Human Resources/Risk Management office at 760-947-1100 or by email at hr@cityofhesperia.us 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 City of Hesperia Human Resources/Risk Management office at 760-947-1100. 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>.