



Vacaville PAL Volunteer APPLICATION PACKET

**Vacaville Police Activities League
1000 Ulatis Dr.
Vacaville, CA 95687
(707) 469-4004**

VOLUNTEER EXPECTATIONS

APPEARANCE & ATTIRE

All Vacaville Police Activity League (PAL) volunteers must be neat and clean in appearance at all times. For certain activities, an official PAL volunteer shirt must be worn. Shoes must be worn at all times. Skimpy attire of any type is considered inappropriate.

PUBLIC RELATIONS

When dealing with the public, always conduct yourself in a courteous and helpful manner. It is your responsibility to learn about all programs offered by Vacaville PAL so accurate information can be given. Remember, as a volunteer, you represent Vacaville PAL to everyone with whom you come into contact. Should a situation arise that you are unable to handle in a tactful and courteous manner, refer the person or persons involved to the PAL Office or Director.

TARDINESS

Tardiness on your part which results in a delayed start time for a program is poor public relations. If you are unable to report to your assigned area at the assigned time, it is your responsibility to notify your supervisor as early as possible. Continued tardiness or tardiness without notification will result in exclusion as a volunteer.

ABSENCE

It is also your responsibility to notify your immediate supervisor if you are going to be absent from your assigned hours. If you are ill, contact the Program Coordinator of PAL immediately. Continued and unexcused absences will result in exclusion as a volunteer.

BEHAVIOR

The PAL participants look upon you as a role model. Therefore, you should conduct yourself in an appropriate and professional manner. There should be no inappropriate language, gestures or conversations while in or around the PAL Center, or at PAL activities.

TRAINING

Once approved you must come to the PAL office for an orientation about our discipline policy and the programs, from our PAL staff. This training is approximately 2 hours and will be scheduled upon notification of approval. You must go through this training before being allowed to volunteer at any PAL event. Please bring a copy of your DMV Driving History record to this training.

I, the undersigned, acknowledge that I have read and fully understand the duties and responsibilities set forth in this Volunteer Expectations, and agree to abide by this at all times while volunteering for the Vacaville Police Activities League.

Applicant's Signature _____

Today's Date _____

PAL Volunteer Applicant: _____

Thank you for your interest in volunteering with the Vacaville Police Activities League. PAL has a diverse selection of volunteer opportunities; please let us know in what areas you would like to participate in as a PAL volunteer and mentor.

PAL Sports

_____ Sports referee Sport(s) _____
_____ Sports coaching Sport(s) _____
_____ Coaching assistant Sport(s) _____
_____ Other _____

PAL Clubs: Twice a Month Commitment (3 months)

_____ Bowling - (ages:7-11) - Knowledge of scoring and technique a plus
_____ Teen Bowling - (ages:12-18) - Knowledge of scoring and technique a plus
_____ Art - (ages:7-11) – Arts & Crafts skills preferred
_____ Teen Art - (ages:12-18) – Arts & Crafts skills preferred
_____ Movie Club - (ages:7-11)
_____ Movie Club – (ages:12-18)
_____ Production Club - (ages:10-11)
_____ Other _____
_____ Other _____

PAL Trips

_____ Field trip chaperone (single-day trips) I am interested in: _____
_____ Field trip chaperone (multi-day trips) I am interested in: _____

Additional Opportunities

_____ Clerical help
_____ Fundraisers
_____ Boxing Program (must meet with Boxing Coaches)
_____ Judo Program (must meet with Judo Coaches)
_____ Teen Leadership

Create Your own Opportunities

PAL is always looking to enrich the lives of our participants with new activities. Do you have a talent or passion you can share with PAL youth? If so, please give fill out this portion and we will work with you to create a program.

Activity Name: _____

Brief Description: _____

Number of Classes: _____

Ages: _____

Number of Participants: _____

VACAVILLE POLICE ACTIVITIES LEAGUE

1000 Ulatis Dr.
Vacaville, CA 95687
Phone (707) 469-4004
FAX (707) 469-4012



**CITY OF VACAVILLE
VOLUNTEER REGISTRATION FORM AND RELEASE OF LIABILITY
AND INDEMNIFICATION AGREEMENT**

650 Merchant Street, Vacaville, CA 95688
www.cityofvacaville.com

This form must be completed by anyone volunteering in any capacity for the City of Vacaville

VOLUNTEER ASSIGNMENT: VACAVILLE PAL BEG. DATE _____

If volunteering as part of an organization please list the organization:

END DATE _____

NAME _____

Last

First

M.I.

ADDRESS _____ CITY _____

ZIP _____

HOME PHONE # _____ WORK PHONE # _____ CELL PHONE # _____

EMAIL ADDRESS _____

May Numbers Be Given Out ? **Home** yes / no **Work** yes / no **Cell** yes / no **Email** yes / no

In Case of Emergency

Emergency Contact _____ Relationship _____ Phone # _____

Alternate Contact _____ Relationship _____ Phone # _____

Medical Insurance Carrier _____

Hospital to use in case of emergency _____

Do you have any health problem we should be aware of in an emergency or that would prevent you from performing the duties of the volunteer assignment YES NO Please list:

Have you ever been convicted of any violation of the law including (other than minor traffic violations) infractions, misdemeanors or felonies in either military or civilian judicial systems Yes No If yes, give date, place, violation and penalty for each conviction. _____

Have you lived or worked outside of the state of California? If so please list when and where _____

I understand that volunteer positions require checking references, various types of background checking. I hereby authorize any and all such background checks. As a volunteer for the City of Vacaville, I understand that I will not receive any monetary compensation for the time I contribute. I acknowledge that volunteer service is an "at-will" relationship to the City and that I can be released at any time. I certify that all statements made on this registration form or on supplementary materials are true and correct and I authorize the City of Vacaville to investigate the accuracy of this information from any person or organization.

Signature

Date

Volunteers should be at least 16 years old (Police Department - 18 years old). Exceptions to the age limit can be granted with written approval of both the volunteer's parent/guardian and the Supervisor.

If volunteer is under age 18, I give my permission for my child to volunteer for the City of Vacaville.

Parent/Guardian Signature

Date

CITY OF VACAVILLE VOLUNTEER REGISTRATION FORM

Please complete this section if your volunteer assignment and/or placement has not yet been determined:

DEPARTMENT OF INTEREST

- Community Services**
- Police Department**
- Fire Department**
- Housing & Redevelopment**
- Other (please specify) _____**

AREAS OF INTEREST

- | | | |
|--|---|--|
| <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Teen Center | Internship <input type="checkbox"/> |
| <input type="checkbox"/> Senior Center | <input type="checkbox"/> Theatre Usher | Start Date <input type="checkbox"/> End Date <input type="checkbox"/> |
| <input type="checkbox"/> General Clerical/data entry | <input type="checkbox"/> Crime Prevention | Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> |
| <input type="checkbox"/> Parking Patrol | <input type="checkbox"/> Senior Visitations | |
| <input type="checkbox"/> Park Watch Patrol | | |
| <input type="checkbox"/> Other (please specify): _____ | | |

TIME PREFERENCE

- | | | |
|---|---|---|
| <input type="checkbox"/> One time project | <input type="checkbox"/> Regular Hours | |
| <input type="checkbox"/> Five hours a month | <input type="checkbox"/> 10 hours a month | <input type="checkbox"/> 20 hours a month |

EDUCATION

High School _____
 College _____

EXPERIENCE

Employer _____ From _____ to _____
 Duties _____
 Employer _____ From _____ to _____
 Duties _____

PAST VOLUNTEER EXPERIENCE

WHAT DO YOU HOPE TO GAIN FROM THE VOLUNTEER EXPERIENCE

REFERENCES

Please list three persons acquainted with your capabilities - **NOT RELATIVES**

Name	Address	Daytime Phone	Evening Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office Use Only:

Contingencies prior to placement: _____ Reference Checks _____ Drug Screen _____ Fingerprints _____ DMV History
 (initial those completed) _____ Credit Checks _____ None

CITY OF VACAVILLE
Volunteer Application Supplemental Questionnaire

1. California Public Resource Code (PRC) Section 5164 prohibits the City of Vacaville from hiring any person, whether an employee or volunteer, to perform services at any park, playground or recreational center **or** in a position having supervisory or disciplinary authority over any minor, if the person has been convicted of certain crimes under the California Penal Code as specified in Health and Welfare Code (H&WC) Section 15660(a).

As candidate for employment or volunteer service covered by PRC Section 5164, have you ever been convicted of any crime?

- Yes
 No

2. If your answer to the previous question was yes, provide the date, jurisdiction, code sections, and descriptions of all criminal convictions.

3. The statutes specified in H&WC Section 15660(a) are "violation or attempted violation of Section 243.4 of the Penal Code (sexual battery), a sex offense against a minor, or of any felony which requires registration pursuant to Section 290 of the penal code" and those where a "person has been convicted or incarcerated within the last 10 years as the result of committing a violation or attempted violation of Section 273a, 273d, or subdivision (a) or (b) of Section 368, of the Penal Code (involving certain harms to minors or elders), or as the result of committing a theft, robbery, burglary, or any felony."

Have you ever been convicted of a violation or attempted violation of any of these statutes identified in this paragraph, or similar statutes outside the state of California?

- Yes
 No

4. If your answer was yes to question 3, provide the date, jurisdiction, code sections, and descriptions of all criminal convictions.

I certify that all information I provided is true, correct, and complete to the best of my knowledge.

Any misstatement or omission of material fact will be cause for disqualification from the application process or for immediate discharge from employment or volunteer service, regardless of the lapse of time before discovery.

Signature

Date

City of Vacaville
DEPARTMENT OF HUMAN RESOURCES
Risk Management Division

AUTHORIZATION for CITY VOLUNTEER
for USE of CITY VEHICLE for CITY BUSINESS

Recommendation: The use of any City owned passenger motor vehicle, by a volunteer, for City business requires the prior approval of the Department Head. Use of any vehicle, other than six person or less passenger vehicle, is prohibited.

Printed Name: _____ Birth Date: _____

Driver's License Number: _____ Expiration Date: _____
 (*Attach photocopy of Drivers' License*)

Driving Restrictions: _____
 (Attach copy of DMV Driving History Record)

City Vehicle	1992	FORD	Aerostar	White	6 (plus driver)	235	E373561
Description:	1997	FORD	Club Wagon	White	7 (plus driver)	141	1011915
	(Year)	(Make)	(Model)	(Color)	(# of Pssngs)	(Veh #)	(License Number)

Business Purpose: Transporting PAL participants to and from PAL events. On occasion, transporting supplies to and from event location.

Use Limitations: _____

Estimated Usage/Trips per Month: 3 Supervisor/Phone: Amanda Davidson / 707-469-4004 (aslade@cityofvacaville.com)

NOTE: All vehicle operator's names are submitted to the Department of Motor Vehicles for participation in the DMV Pull Notice Program. All vehicle operators will be scheduled to attend Driver's Safety Training.

I certify that the above information is true and correct. I understand that my use of City vehicle is limited to the business purpose and use limitations described above. I agree to inform the Risk Manager in writing of any changes in the above information.

 Signature - Volunteer Date Signature - Volunteer's Supervisor Date

Use of this vehicle (is) (is not) recommended. Use of this vehicle (is) (is not) authorized.

 Signature - Risk Manager Date Signature - Department Head Date