



Vacaville PAL Volunteer APPLICATION PACKET

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

.....A9BHCF-B; 5DD@-75HCB



Vacaville PAL Mentoring

PAL Mentor Application

National PAL Mentoring Program
(please type or print)

Date: _____
 Name of Applicant: _____ Date of Birth: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Home Telephone: _____ Home E-mail: _____
 Employer: _____ Occupation: _____
 Address: _____
 City: _____ State: _____ ZIP: _____
 Business Telephone _____ Fax: _____ E-mail: _____
 Preferred Day (Mon-Sat) Choice #1: _____ Choice #2: _____
 Best Time of Day to Mentor (check all that apply): ___ morning ___ afternoon ___ evening
 Do you prefer to be matched with (check one): ___ Boy ___ Girl ___ No Preference

Write a brief statement on why you wish to be a mentor in the National PAL Mentoring Program.

Describe special interests/hobbies which may be helpful in matching you with a mentee (e.g. cooking, crafts, career interests, games, sports, computers, art, needlepoint, languages, music, and painting): _____

I would like to work with a (check one): ___ younger youth ___ older youth ___ no preference

List the addresses where you have lived for the last five years (begin with the most recent after the current address listed above):

Dates _____
 Address _____
 City _____ State ___ ZIP _____

Dates _____
 Address _____
 City _____ State ___ ZIP _____

Dates _____
 Address _____
 City _____ State ___ ZIP _____

Dates _____
 Address _____
 City _____ State ___ ZIP _____



**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 / "O gpvqtłpi" **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