



# VOLUNTEER APPLICATION

## CITY OF RIDGECREST

100 W. California Avenue  
 Ridgecrest, CA 93555  
 (760) 499-5107

TODAY'S DATE: \_\_\_\_\_

### PERSONAL INFORMATION

**Name:** \_\_\_\_\_  
 (Last) (First) (Middle)

**Mailing Address:** \_\_\_\_\_  
 (Street and Number)

**Home Phone:** \_\_\_\_\_

(City) (State) (Zip)

**Business Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Person to call in an emergency:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**How did you hear about volunteer opportunities at the City of Ridgecrest?**  
 Friend  Association with the program  City of Ridgecrest Website  Other \_\_\_\_\_

### EDUCATION AND SKILLS

**Do you need community service hours for:**  
 (check if applicable)  
 High School  College

**List any special training, education, skills or hobbies that help us to better place you as a volunteer.**

**Bilingual Skills – Please indicate language(s) and if you speak, read and/or write the language.**

### WORK EXPERIENCE

**Present or previous occupations (include volunteer work).** Use separate sheet for additional employer information.

<b>Employer Name and Address:</b>	<b>Phone:</b>	<b>Duties:</b>
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Dates: FROM: MM/YYYY	TO: MM/YYYY	Reason for Leaving:
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<b>Employer Name and Address:</b>	<b>Phone:</b>	<b>Duties:</b>
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Dates: FROM: MM/YYYY	TO: MM/YYYY	Reason for Leaving:
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<b>Employer Name and Address:</b>	<b>Phone:</b>	<b>Duties:</b>
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Dates: FROM: MM/YYYY	TO: MM/YYYY	Reason for Leaving:
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Have you ever been discharged or forced to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted as an adult for any violation of the law? Provide dates, location(s) and penalties. Exclude traffic violations under \$150 and convictions more than two years old for violation of Health and Safety Codes 11357(b) or (c), 11360(b), 11364, 11365 and 11550 as related to marijuana. Conviction is not necessarily a bar to selection. Each case will be given individual consideration. Failure to list all convictions other than those excluded may disqualify you from further consideration (If Yes – Explain under Remarks) <input type="checkbox"/> Yes <input type="checkbox"/> No	Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Remarks (attach additional sheets if necessary)

**PERSONAL REFERENCES**

NAME	Address where person can be contacted (Include City, State, and Zip Code)	Telephone at which person can be contacted
	Home      Work      Other	Home      Work      Other
	Home      Work      Other	Home      Work      Other
	Home      Work      Other	Home      Work      Other

**VOLUNTEER INFORMATION**

**PLEASE CHECK THE TYPE OF VOLUNTEER WORK YOU WOULD LIKE TO DO:**

*All potential volunteers 18 years of age and older are subject to a criminal background check*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Animal Shelter              | <input type="checkbox"/> Graffiti Clean-Up               | <input type="checkbox"/> Traffic Control |
| <input type="checkbox"/> LiveScan Fingerprinting     | <input type="checkbox"/> Clerical/Administrative Support | <input type="checkbox"/> Transport       |
| <input type="checkbox"/> Vacation House Check        | <input type="checkbox"/> Security Patrol                 | <input type="checkbox"/> Surveillance    |
| <input type="checkbox"/> Dispatch Support            | <input type="checkbox"/> Special Events                  | <input type="checkbox"/> Child ID        |
| <input type="checkbox"/> Emergency Operations Center | <input type="checkbox"/> Other _____                     |  |

**Please state what days and times you are available to volunteer.**

DAY	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME							

**I understand that, as a volunteer, I am representing the City of Ridgecrest and will adhere to the guidelines set forth by the program. I acknowledge that the City of Ridgecrest does not take court referred volunteers.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
MM/DD/YYYY

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# ***CITY OF RIDGECREST***

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## **RIDGECREST POLICE DEPARTMENT Police And Community Together**

### **Volunteer Personal Data**

(PRINT ONLY – DO NOT TYPE)

Date \_\_\_\_\_  
MM/DD/YYYY

Full Name \_\_\_\_\_  
(First) (Middle) (Last)

Other Names Used/Maiden Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
MM/DD/YYYY

SSN# \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Current Address \_\_\_\_\_  
(Street No.) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### **IN CASE OF EMERGENCY, NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
(Street No.) (City) (State) (Zip)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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**100 West California Avenue, Ridgecrest, CA 93555-4054**

**Phone: (760) 499-5107**

**CITY OF RIDGECREST  
VOLUNTEER INFORMATION FORM**

DATE: (MM/DD/YYYY)		DEPARTMENT:	
APPLICANT NAME:			
SOCIAL SECURITY NUMBER:		DATE OF BIRTH: (MM/DD/YYYY)	
ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE NUMBER:		EMERGENCY CONTACT	
		NAME:	
		PHONE:	

As a VOLUNTEER I realize that I am subject to a code of ethics similar to that which binds the professionals in the field in which I work. I like them, assume certain responsibilities and expect to account for what I do in terms of what I am expected to do. I will keep confidential matters confidential.

I interpret "VOLUNTEER" to mean that I have agreed to work without compensation in money, but having been accepted as a worker, I expect to do my work according to standards as the paid staff expect to do their work.

I promise to take to my work an attitude of open-mindedness; to be willing to be trained for it; to bring to it interest and attention.

I believe that my attitude toward volunteer work should be professional. I believe that I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it is done and to the public. Being eager to contribute all that I can to human betterment, I accept this code for the volunteer as my code to be followed carefully and cheerfully.

\_\_\_\_\_  
VOLUNTEER WORKER'S SIGNATURE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

cc: Human Resources