

CITY OF SAN LEANDRO VOLUNTEER APPLICATION

Application Date

____/____/____

Personal Information

First Name _____ Last Name _____ Middle Initial _____

Address _____ City _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Birthdate ____/____/____ Age _____ E-mail _____

For Student Volunteers:

Current School _____ Grade _____

Will you need a letter to confirm your volunteer hours? Yes No

If yes, who should the letter be addressed to? Name of School Official _____

When are your volunteer hours due? _____

Emergency Contact Information

Name _____ Relationship (i.e. spouse, friend) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Volunteer Preferences

Skills (i.e. computer, teachings, etc.) _____

Languages _____

Days/Times Available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What type of Volunteer jobs are you most interested in at present?

- Literacy Tutor Senior Programs General Admin/Office Work Police/RSVP Library
- Customer Service Monarch Docent History Museum Docent Casa Peralta Docent Park Maintenance
- Other (Please Specify): _____

I, the undersigned, in consideration of participation in the City of San Leandro's volunteer program, agree to indemnify and hold the City harmless, and release the City and its employees and agents from any and all liability for any injury or loss which may be suffered by the above named individual arising out of or in any way connected with my volunteer participation. I acknowledge that San Leandro takes photographs or other recordings of its activities and events for publicity and authorize the use of my image by the City.

Signature of Volunteer: _____

Signature of Parent/Guardian if volunteer is under 18 years old: _____

For Office Use Only

Assignment _____

Orientation Giver _____

Orientation Date _____

Adult Work with Child _____ Yes _____ No

Fingerprint: Appt Date _____ Clear Date _____