

**CITY OF SAN LEANDRO  
VOLUNTEER APPLICATION**

Application Date

\_\_\_\_/\_\_\_\_/\_\_\_\_

**Personal Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Mobile 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 \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**Volunteer Preferences**

Skills (i.e. computer, teachings, etc.) \_\_\_\_\_

Languages \_\_\_\_\_

**Day(s) 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 Office Work       Police/VIPS       Library

Monarch Docent       History Museum Docent       Casa Peralta Docent

Other (Please Specify) \_\_\_\_\_  
\_\_\_\_\_

**Signature of Volunteer** X \_\_\_\_\_

**Signature of Parent/ Guardian if volunteer is under 18 years old** X \_\_\_\_\_

**For Office Use Only**

Assignment \_\_\_\_\_

Orientation Giver \_\_\_\_\_

Orientation Date \_\_\_\_\_

Adult Work with Child \_\_\_\_\_ Yes \_\_\_\_\_ No

Finger Print: Appt Date \_\_\_\_\_ Clear Date \_\_\_\_\_