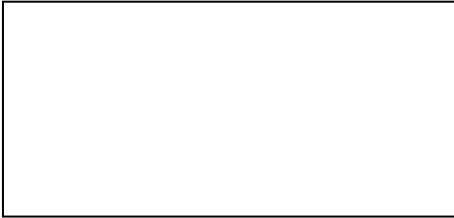


CITY OF PALM SPRINGS
3200 E. Tahquitz Canyon Way
Palm Springs, CA 92262
Telephone: (760) 323-8215
www.palmspringsca.gov



Volunteer Application

THE CITY OF PALM SPRINGS VISION STATEMENT: Palm Springs aspires to be a unique world class desert community. Our residents and visitors enjoy our high quality of life and the fun, festive, relaxing experience. We desire to balance our cultural and historical resources with responsible, sustainable economic growth and to enhance our natural beauty. We are committed to providing responsive, efficient services in an environment of sound fiscal management.

EQUAL OPPORTUNITY: The City of Palm Springs encourages all persons to file applications with us as we do not discriminate on the basis of age, color, creed, disability, family status, marital status, national origin, political affiliation, race, religion, sex, sexual orientation, or veteran status.

APPLICATION FOR: Aero Squadron Reserve Search & Rescue Citizen on Patrol
 Library Airport Navigator Other _____

INSTRUCTIONS: FILL OUT BOTH SIDES OF THIS FORM COMPLETELY, EITHER TYPING OR IN INK. FAILURE TO COMPLETE THIS FORM THOROUGHLY (INCLUDING USING "SEE RESUME") COULD RESULT IN REJECTION OF YOUR APPLICATION. PLEASE SUBMIT ORIGINAL APPLICATION FORMS, NOT PHOTOCOPIES. THIS APPLICATION AND ANY ATTACHMENTS BECOME THE PROPERTY OF THE CITY OF PALM SPRINGS.

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____

CITY STATE ZIP

HOME: () CELL: () WORK: ()

DRIVER'S LICENSE (STATE, NUMBER & EXPIRATION DATE): _____ EMAIL ADDRESS: _____

HAVE YOU EVER WORKED OR ATTENDED SCHOOL UNDER ANOTHER NAME? YES NO IF YES, PLEASE GIVE NAME _____

DO YOU HAVE ANY DISABILITY WHICH WOULD REQUIRE SPECIAL CONSIDERATION IN A TEST SETTING? _____

ARE YOU AT LEAST EIGHTEEN (18) YEARS OF AGE? YES NO

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES AND CAN YOU PROVIDE EVIDENCE, UPON HIRE, OF YOUR ELIGIBILITY? _____

DAY(S) AVAILABLE: SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY – HOURS AVAILABLE: _____

EDUCATION: HIGHEST GRADE COMPLETED? _____					
DID YOU RECEIVE A HIGH SCHOOL DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED					
NAME OF HIGH SCHOOL _____					
CITY & STATE _____					
LIST YOUR COLLEGE, BUSINESS, TRADE, CORRESPONDENCE OR OTHER COURSES BELOW:					
NAME OF SCHOOL	CITY	STATE	MAJOR SUBJECT COURSE OF STUDY	CREDIT UNIT HRS	LIST DEGREE OR CERTIFICATE RECEIVED

LIST ANY REQUIRED LICENSE OR PROFESSIONAL REGISTRATION.			
LICENSE/REGISTRATION	STATE	NUMBER	EXPIRATION DATE

EXPERIENCE: BEGINNING WITH YOUR CURRENT OR MOST RECENT POSITION, LIST ALL POSITIONS YOU HAVE PREVIOUSLY HELD, INCLUDING MILITARY AND VOLUNTEER SERVICE. IF NECESSARY, USE ADDITIONAL SHEETS. PLEASE ACCOUNT FOR ANY TIME PERIODS OF SELF-EMPLOYMENT OR UNEMPLOYMENT.

JOB TITLE:		FROM:	TO:	TOTAL:
		MONTH / DAY / YEAR	MONTH / DAY / YEAR	YRS. / MOS.
NAME OF ORGANIZATION:	ADDRESS:		CITY:	STATE:
TYPE OF ORGANIZATION:	NAME & TITLE OF SUPERVISOR:		TELEPHONE:	
SPECIFIC DUTIES:				
REASON FOR LEAVING:				
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?				

JOB TITLE:		FROM:	TO:	TOTAL:
		MONTH / DAY / YEAR	MONTH / DAY / YEAR	YRS. / MOS.
NAME OF ORGANIZATION:	ADDRESS:		CITY:	STATE:
TYPE OF ORGANIZATION:	NAME & TITLE OF SUPERVISOR:		TELEPHONE:	
SPECIFIC DUTIES:				
REASON FOR LEAVING:				
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?				

JOB TITLE:		FROM:	TO:	TOTAL:
		MONTH / DAY / YEAR	MONTH / DAY / YEAR	YRS. / MOS.
NAME OF ORGANIZATION:	ADDRESS:		CITY:	STATE:
TYPE OF ORGANIZATION:	NAME & TITLE OF SUPERVISOR:		TELEPHONE:	
SPECIFIC DUTIES:				
REASON FOR LEAVING:				
MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHY?				

HAVE YOU EVER BEEN A VOLUNTEER OR BEEN EMPLOYED BY THE CITY OF PALM SPRINGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU SUBMITTED AN APPLICATION WITH THE CITY OF PALM SPRINGS IN THE LAST TWO YEARS?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE ANY RELATIVES A VOLUNTEER OR EMPLOYED BY THE CITY OF PALM SPRINGS? (PLEASE GIVE NAME, DEPARTMENT AND RELATIONSHIP IN SPACE PROVIDED BELOW)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OR MISDEMEANOR OTHER THAN A PARKING VIOLATION? (A CONVICTION IS NOT NECESSARILY A BASIS FOR DISQUALIFICATION FOR A POSITION)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN DISMISSED OR RELEASED FROM A VOLUNTEER ASSIGNMENT/EMPLOYMENT OR HAVE YOU EVER RESIGNED TO AVOID DISCHARGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF THE ANSWER IS "YES" TO ANY OF THESE QUESTIONS, PLEASE EXPLAIN IN DETAIL IN THIS SPACE.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<hr/> <hr/> <hr/>	

CERTIFICATE OF APPLICANT: I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS OF MATERIAL FACT WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL FROM ANY VOLUNTEER PROGRAM.

SIGNATURE _____ **DATE** _____