



Our Youth Matters

Volunteer Interest Form

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail: _____ Birth Date: _____

Employment and Professional Experience: _____

Education: _____

Volunteer Activities: _____

Times available: M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____

Mornings _____ Afternoons _____ Evenings _____

What are your present goals for a volunteer position? (e.g., gain school credit, work experience)

In case of emergency, please contact:

Name: _____ Phone: _____

Physician: _____ Phone: _____

Have you ever been convicted of a crime? If yes, please explain and give disposition:

Please note that a background investigation and fingerprinting will be required before placement in any sensitive volunteer position. In some placements TB testing is required.

References: Please list the names of two individuals we may contact as a reference.

Do not list relatives.

Name: _____ **Telephone:** _____

Name: _____ **Telephone:** _____

I authorize investigation of all statements contained in this application and any supporting documents and I understand that a background check may be conducted. I authorize the City of Sacramento and its non-profit partners to secure information from the references I have provided, and release all parties from any liability arising from such investigation.

Signature of applicant: _____ **Date:** _____