



CITY OF BEAUMONT
 550 E. 6th Street
 Phone (951) 769-8520
 BeaumontCa.gov

VOLUNTEER APPLICATION

Name (please print):			
Street:		City:	State:
Home Phone:		Cell Phone:	Email:
Are you over 18 years old? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Is this for school credit? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, how many hours are needed?	By when?
Name of High School:		City/State:	
Name of College:		City/State:	
How long are you able to volunteer? <input type="checkbox"/> special projects only <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> on-going			
Do you speak another language? <input type="checkbox"/> No <input type="checkbox"/> Yes		Language(s):	
List specialized training/education:			
What types of volunteer projects interest you?			

Please list your available hours (ex. 8am - 5pm)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Employment History		
Employer:	Phone:	Employment Dates:
Address:		
Job Title:	Duties:	
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Address:		
Job Title:	Duties:	



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HAVING MADE THIS APPLICATION WITH THE CITY OF BEAUMONT, I UNDERSTAND THE FOLLOWING:

- _____ I understand all volunteers are subject to a screening process that may include but is not limited to: fingerprinting, background check, credit check, driving record review, interview, and contacting references. I understand I have the right to refuse any of these screening processes, but in doing so may become ineligible for volunteer opportunities.
- _____ I understand that as a volunteer I will not be paid for my services beyond reimbursement for incidental expenses related to the assignment (i.e. mileage reimbursement).
- _____ I understand that my selection as a volunteer is dependent on my review of the job description and ability to perform the essential functions, duties, and responsibilities of the assignment.
- _____ I will be required to abstain from the use of any alcoholic beverages for eight hours prior to performing any Volunteer duties.
- _____ I understand that I may not begin an assignment until orientation has been completed and all requested paperwork has been submitted including but not limited to: Release of Liability, Acknowledgment of Workers' Compensation Benefits, Consent to Background/Credit Check and Information Release, Affidavit of Criminal History, and Proof of Insurance.
- _____ I understand that if using my personal vehicle, the City is not liable for any damage unless caused by the City's sole negligence. In the event of an accident, it is my responsibility to immediately notify my volunteer supervisor, Department of Motor Vehicles, and my insurance company.
- _____ I understand as a volunteer I am subject to the rules, policies, and regulations of the City. I further understand that as a volunteer, I may be dismissed at any time, with or without notice or cause.
- _____ I will be required to undertake a course of instruction appropriate to the duties of the program.
- _____ I am expected to contribute a minimum of sixteen (16) hours each month to the Volunteer Services Program (*Police Department Only*).
- _____ All equipment issued will remain the property of the City of Beaumont and it must be returned upon separation from the Volunteer Services Program.

I certify that the information provided on the application is accurate to the best of my knowledge and is subject to verification by the City of Beaumont. I understand that any false or misleading information may be grounds for refusal or termination. I agree to provide the City of Beaumont with any additional information that may be required to determine my suitability for membership with the Volunteer Services Program.

Print Name _____ Signature _____ Date _____

Parent/Guardian (*if under 18*):

Print Name _____ Signature _____ Date _____