

Ethel MacLeod Hart Senior Center Volunteer Application

*Please submit completed Volunteer Application by mail or hand-delivery to
915 27th Street, Attn: Sabrina Stewart, Sacramento, CA
95816 or via email to ssewart@cityofsacramento.org*

First Name:	Last Name:	Date:
Address:	City/State/Zip:	
Home Phone:	Cell Phone:	Birth Date:
Email Address:		Best Time to Call:
QUESTIONNAIRE		
What would you like to accomplish as a volunteer?		
What type of volunteer position are you seeking?		
Occupation/employer/previous occupation:		
Education and training background:	Are you fluent in another language? <input type="checkbox"/> No <input type="checkbox"/> Yes	
	What language?	
Previous or present volunteer jobs:		
Special area of interest/study:		
Special skills, training and interests/hobbies:		
Do you have any health limitations or restrictions to perform any duties? <input type="checkbox"/> No <input type="checkbox"/> Yes What?		
Are you currently a City of Sacramento employee? <input type="checkbox"/> No <input type="checkbox"/> Yes Where?		
AVAILABILITY		
Days available: <i>(Check where applicable)</i>		
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday		
Times available: <i>(Check where applicable)</i>		
<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon		

Length of assignment desired: (Check where applicable)

3 Months 6 Months 6-12 Months Over a Year On-Call Special Projects

REFERENCES

Please list the names of three (3) Individuals we may contact as a reference.
Do not list relatives.

1. Personal Reference: (Name/Relationship/Phone Number(s)/Email)

2. Personal Reference: (Name/Relationship/Phone Number(s)/Email)

3. Personal Reference: (Name/Relationship/Phone Number(s)/Email)

EMERGENCY CONTACT

Name:

Relationship:

Phone:

BACKGROUND INFORMATION

A background investigation and fingerprinting will be required BEFORE placement in any sensitive volunteer position.
In some placements, TB testing is required.

Have you ever been convicted of a crime?

You may omit: a) Traffic Violations (Driving Under the Influence (DUI) MUST be reported); b) Any conviction committed prior to your 18th birthday which was finally adjudicated in Juvenile Court or under a youth offender law; c) any incident sealed in Welfare and Institutions Code Section §781 or Penal Code Section §1203.45; d) Any marijuana conviction, more than two (2) years old as described in labor Code Section §432.8.

No Yes (If YES, please provide an explanation and the disposition in the space below.)

CONFIDENTIALITY (Please Initial)

Initial

Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information concerns overall Senior Center business or involves an individual staff member, volunteer, participant, or other person.

CONFLICT OF INTEREST (Please Initial)

Initial

Hart Senior Center volunteers are not allowed to promote any for-profit business or solicit center participants for services or personal gain, hand out business cards, or collect contact information from participants for personal or professional use. Volunteers should not enter into any relationships with Center participants through which they earn a fee or commission.

VOLUNTEER RESPONSIBILITY (Please Initial)

Initial

I understand that, as a Volunteer, I have the responsibility to conduct myself professionally and protect and preserve the privacy and confidentiality of all participants at the Ethel Hart Senior Center.

AUTHORIZATION

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 to secure information from the references I have provided, and release all parties from any liability arising from such investigation.

Signature of Applicant:

Date:

FOR OFFICE USE ONLY

Referred volunteer position:		
Supervisor:	Interview date:	Start date:

Ethel Hart Senior Center (916) 808-5462 915 27th Street Sacramento, CA 95816