



4444 East Ave., Livermore, CA 94550-5053
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 e-mail: volunteer@larpd.dst.ca.us

Volunteer Application

(Please Print)

GENERAL CURRENT INFORMATION

Name: _____		
Last	First	Middle
Address: _____		
House Number & Street	City & State	Zip
E-mail: _____		
(Circle one)		
Home Phone (____) _____		Business/Cell Phone (____) _____
Best method of contact: _____ Home Phone _____ Business/Cell Phone _____ E-mail _____		

EDUCATION

High School Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
Highest Grade Completed: _____ Other: _____	

SKILLS AND INTEREST

___ Languages	___ Office Assistant	___ Performing Arts	___ Grant Writing
___ Computer Trainer	___ Research	___ Photography	___ Graphic Design
___ Teacher/Trainer	___ Marketing	___ Recreation/Activities	___ Other

VOLUNTEER AREAS Please select the programs that interest you the most:

<input type="checkbox"/> Special Events (13 and over)	<input type="checkbox"/> Valley Rock Gym (18 and over)	<input type="checkbox"/> Ravenswood Docent (18 and over)
<input type="checkbox"/> Clerical Assistant (18 and over)	<input type="checkbox"/> Nature/Open Space (18 and over or accompanied by an adult)	<input type="checkbox"/> Extended Student Services (K-5) (14 and over)
<input type="checkbox"/> Adult/Youth Sports (13 and over)	<input type="checkbox"/> Junior Giants Program (18 and over)	<input type="checkbox"/> Parks (18 and over)
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Seniors	

Number of hours per week:

<input type="checkbox"/> 2-4	<input type="checkbox"/> 4-10	<input type="checkbox"/> 10-15	<input type="checkbox"/> 5-20	<input type="checkbox"/> 20+	<input type="checkbox"/> Occasional
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<input type="checkbox"/> Short Term	<input type="checkbox"/> Special Project	<input type="checkbox"/> Court Ordered
<input type="checkbox"/> Long Term	<input type="checkbox"/> School Credit	_____ Required Completion Date

PAST VOLUNTEER EXPERIENCE (Please attach another sheet if needed)

<u>Organization</u>	<u>Position</u>	<u>Dates</u>
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		

FOR SCHOOL/CREDIT ONLY:

Name of school or agency: _____	
Name of teacher or agency contact: _____	
Address: _____	Phone Number: (____) _____
Number of hours required: _____	Completion date required by: _____

I understand that the Livermore Area Recreation and Park District may conduct a driving record check and will conduct a criminal background check as part of the volunteer application process. This form serves as my authorization for the Livermore Area Recreation and Park District to perform this check.

_____ I have read the above and fully understand the contents.
Initial and Date

AFFIRMATION

I hereby affirm that all information on this application is correct and true to the best of my knowledge. I know that if I disclose false information I can be removed from the Livermore Area Recreation and Park District volunteer program.

Volunteer Applicant Signature _____
Date

Print Volunteer Name _____

If volunteer is less than 18 years of age:

Parent/Guardian Printed Name _____
Phone number (best #)

Parent/Guardian Signature _____
Date