



# VOLUNTEER APPLICATION

City of La Mesa

Community Services/ Human Services Division  
 8450 La Mesa Boulevard - La Mesa, CA 91941  
 (619) 464-0505

(FOR OFFICE USE ONLY)

Date Sent: \_\_\_\_\_  
 Fingerprinted: \_\_\_\_\_  
 Assignment: \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS**

(USE TYPEWRITER OR PRINT IN INK)

**NAME:** \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE NAME) (SOCIAL SECURITY NUMBER)

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_  
(NUMBER & STREET)

\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE) (PRINT)

**PREVIOUS ADDRESS:** \_\_\_\_\_ **BUSINESS OR CELL PHONE:** \_\_\_\_\_  
(IF LESS THAN 5 YEARS AT ABOVE ADDRESS)

YES	NO	PLEASE EXPLAIN ALL "YES" ANSWERS IN THE SPACE PROVIDED BELOW:
		1. Are you now, or have you ever been, employed by the City of La Mesa?
		2. Are you related to any current employee, elected or appointed official of La Mesa?
		3. Do you speak and understand a second language, or possess other special skills or training which would enhance your qualifications for this position?
		4. Have you ever been CONVICTED of a felony or misdemeanor? (You should consider any charges other than minor traffic violations. Drunk driving, reckless driving, hit and run driving, and failure to appear convictions are NOT "minor" traffic violations.)

CIRCLE HIGHEST GRADE COMPLETED	NAME / LOCATION OF SCHOOL	GRADUATE?	
1 2 3 4 5 6 7 8 9 10 11 12		YES NO GED	
COLLEGE/ BUSINESS/TRADE SCHOOL ATTENDED	DEGREE	MAJOR SUBJECT	SEMESTER UNITS

SPECIAL LICENSES OR CERTIFICATES: \_\_\_\_\_

CALIFORNIA DRIVER LICENSE NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
 TYPING SPEED: \_\_\_\_\_

All volunteers are required to be fingerprinted on or before the first day of work. The fingerprints are sent to the Department of Justice to obtain records of any and all convictions and/or arrest pending adjudication. Certain convictions or arrests may preclude a volunteer from being accepted for assignments with the City of La Mesa.

To assist in your volunteer position placement, please answer the following questions:

1. Why do you want to volunteer for the City of La Mesa?

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2. Describe previous paid or volunteer experience which would assist you in a volunteer assignment.

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3. List your areas of interest. (for example; clerical, volunteer driver, Community Services, Public Works, RSVP, etc.)

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4. List your days and hours of availability.

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Please list any additional information you wish to include concerning your qualifications or interests relating to the assignment for which you are volunteering.

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**AFFIDAVIT - READ VERY CAREFULLY AND SIGN BELOW.**

I declare under penalty of perjury that all answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that untruthfulness or misleading answers are cause for rejection of this application or dismissal as a City volunteer. I certify that I meet the specified job requirements for this position. I understand that my acceptance as a volunteer with the City of La Mesa may be contingent upon the results of a background check, which includes fingerprinting on or before the first day of volunteer work, a physical examination and a D.M.V. check. As a volunteer for the City of La Mesa, I understand that I may be exposed to sensitive or confidential information or assigned to work with vulnerable persons. Any disclosure of confidential information or violation of personal rights could result in civil or criminal liability for the City of La Mesa. I understand that the results of any of the foregoing may be grounds for disqualification. I further understand that laws related to this application may be subject to change. I certify that I have not altered the language or format of this form.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_





## Volunteer Driver Supplemental Application

NAME : \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

YRS LIVING IN CA: \_\_\_ OTHER LANGUAGES SPOKEN: \_\_\_\_\_

EMPLOYER(if applic): \_\_\_\_\_ EMPLOYER ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_ MODEL: \_\_\_\_\_

PREVIOUS VOLUNTEER EXPERIENCE: \_\_\_\_\_

SPECIAL TRAINING/SKILLS: \_\_\_\_\_

AVAILABILITY: \_\_\_\_\_ DAILY \_\_\_\_\_ WKLY \_\_\_\_\_ MONTHLY \_\_\_\_\_ OTHER \_\_\_\_\_

DAYS/TIMES AVAILABLE: MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_

TH \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_ NOTES: \_\_\_\_\_

ARE YOU WILLING TO HELP RIDERS WITH LIMITED MOBILITY? \_\_\_\_\_  
(This may include providing door-through-door services and assistance with walkers and canes.)

DOES YOUR VEHICLE HAVE THE CAPACITY TO CARRY WALKERS/WHEELCHAIRS? \_\_\_\_\_

IF YES, ARE YOU ABLE TO SAFELY FOLD AND LIFT THE WHEELCHAIR? \_\_\_\_\_

ARE YOU WILLING TO STAY WITH RIDERS DURING THEIR APPOINTMENTS? \_\_\_\_\_

IN WHAT AREAS ARE YOU WILLING TO DRIVE OR DISTANCE RT YOU ARE WILLING TO DRIVE?

\_\_\_ 1-10 MI RT \_\_\_ 10-20 MI RT \_\_\_ 20-30 MI RT \_\_\_ 30+ MI RT COMMENTS: \_\_\_\_\_

DO YOU HAVE ANY CONDITIONS OR LIMITATIONS THAT MIGHT AFFECT YOUR ABILITY TO DRIVE? \_\_\_ YES \_\_\_ NO COMMENTS: \_\_\_\_\_

PLEASE PRINT THREE REFERENCES (NO RELATIVES OR FAMILY MEMBERS PLEASE):

1. NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

3. NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**\*\*PLEASE ATTACH CA DRIVER'S LICENSE, PROOF OF AUTO INSURANCE, DMV WAIVER OR DMV RECORD**