



CITY OF REDONDO BEACH

VOLUNTEER APPLICATION/REGISTRATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
                    First                    Middle                    Last

Address: \_\_\_\_\_  
                    Street                                    City                                    State                    Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Birth Date (Month & Day only): \_\_\_\_\_ Education:           Less than High School  
  High School                           Some College                           College Graduate

How did you hear about our program? \_\_\_\_\_

Why do you want to volunteer? (Example: new/improve skills, meet people, school credit, career exploration, etc.): \_\_\_\_\_

Describe any limitations on the volunteer work you can perform (No heavy lifting, low stress, transportation problems, etc.): \_\_\_\_\_

**Employment Category:** (please check as many as apply)

- |                    |                    |                                 |
|--------------------|--------------------|---------------------------------|
| Employed Full-time | Employed Part-time | Temporarily Unemployed/Disabled |
| Full-time Student  | Part-time Student  | Looking for Work                |
| Homemaker          | Retired            |                                 |

**Employment or School**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title or School Year: \_\_\_\_\_

Previous Employment Experience: \_\_\_\_\_

Volunteer/Community Experience: \_\_\_\_\_

Special skills, interests, licenses, or hobbies? \_\_\_\_\_

Type of volunteer work desired? \_\_\_\_\_

Prefer:      Short Term Projects                      Regular Weekly                      Weekends/Nights  
            Open-ended Projects                      On-call assignments only                      At-home Projects

**Time Available for Volunteer Work:**

\_\_\_\_ Hours Per Day List preferred days: \_\_\_\_\_

Times per week/month: \_\_\_\_\_ Prefer:      Morning                      Afternoon                      Evening

Regular Schedule:                      Or, On-Call Only

Length of Commitment You Agree To:                      Up to 3 Months                      3 Months or More

**In Case of Emergency:**

Whom Should We Notify? \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Any medical history that we should be aware of in case of emergency? (Allergies, medications, etc.) \_\_\_\_\_

**Participation Agreement:**

In return for orientation, training, supervision, and evaluation of my volunteer efforts, I agree to:

take my volunteer commitment seriously and work in a professional manner;

keep my agreed upon schedule, which includes being on time, notifying my supervisor in case of illness, delay, unavoidable absence, or the need to discontinue my assignment before it's completion;

respect the confidentiality of all materials with which I come into contact.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed ONLY if Volunteer is a MINOR:**

\_\_\_\_\_ has my permission to work as a volunteer for the City of Redondo Beach. In case of an emergency, I can be reached at \_\_\_\_\_

Days or \_\_\_\_\_ Evenings/weekends. If I am unavailable, my designee is \_\_\_\_\_, relation: \_\_\_\_\_

His/her day phone \_\_\_\_\_, Evenings/weekends \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_