



**CITY OF HAWTHORNE
HUMAN RESOURCES DEPARTMENT
Volunteer Application**

Please fill out this form as completely as possible and return to the Human Resources Department or email hr@cityofhawthorne.org. Background investigation will be required prior to placement for volunteers applying for positions relating to public safety, contact with minors, special events and social service programs. Thank you for your interest in the City of Hawthorne's Volunteer Program!

PART I: TO BE COMPLETED BY ALL VOLUNTEERS:

Legal Full Name: _____
Last First Middle Name

Home Address: _____
No./Street City State/Zip Code

Contact Information: _____
Mobile Home Phone Number Email

Communication Preference Mobile Email Home Phone Number

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name Relationship Contact No.

AREAS OF INTEREST: (List specific volunteer position or special areas of interest)

TYPE OF VOLUNTEER SERVICE: (Check appropriate box)

SBWIB Internship One-day Event Special Project Court Referral
 Coach Specify Sport/Program: _____
Department you are most interested in working at, if known: _____

HOW DID YOU LEARN ABOUT THE CITY OF HAWTHORNE'S VOLUNTEER PROGRAM?

School Posting Social Media City Website Friend/Relative
 Other Specify: _____

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY THE CITY OF HAWTHORNE? YES NO

If yes, name of individual: _____ Relationship: _____

ARE THERE ANY MEDICAL OR PHYSICAL CONDITIONS THAT MAY REQUIRE SPECIAL ACCOMMODATIONS:

If yes, please specify: _____

PART II: FOR SBWIB WORKERS, INTERNS AND COACHES ONLY. Please fill out all applicable sections.

(Note: Not required for one-day, special or community events)

AVAILABILITY:

Available Start Date: _____ Preferred Duration of Service/End Date: _____
Hours Available (per week): _____ Days: Mon Tue Wed Thurs Fri Sat Sun
Time: AM PM

EDUCATION:

Highest Educational Attainment: High School Some College College Graduate
Please list any institutions attended and degrees, certifications, or credential which may be relevant:

SCHOOL/COLLEGE	MAJOR SUBJECT(S)	DEGREE
_____	_____	_____
_____	_____	_____

LANGUAGE(S) SPOKEN: _____

SPECIALIZED SKILLS/TRAINING: (i.e. computer, research, clerical, graphic design, carpentry, painting, etc.):

PERSONAL/WORK REFERENCES (OPTIONAL):

Name	Address	Contact Information	Relationship/Association
_____	_____	_____	_____
_____	_____	_____	_____

I understand that I am providing volunteer service to the City of Hawthorne and, as such, am not entitled to compensation or benefits otherwise offered to employees of the City of Hawthorne, **except if I am a volunteer from SBWIB, in which case compensation is provided and paid by SBWIB, not the City of Hawthorne.** My services are offered freely, without direct or indirect pressure or coercion from any representative of the City. I understand that time volunteered will not be considered as hours worked under the Fair Labor Standards Act. I understand that upon termination of this volunteer service, I am not eligible for any unemployment insurance compensation.

I certify that all statements made in this application are true and complete and I authorize investigation of all matters contained. I agree and understand that any misrepresentation or omission of a matter of fact may be justification for rejection of my application. I also authorize the employers, schools and persons named in this application to provide any additional information regarding my qualifications and character.

As a condition of my volunteer service with persons who are receiving services or other assistance from the City of Hawthorne, I agree not to divulge any information regarding these persons. The unauthorized release of confidential information is a violation under state of law. I understand the City’s requirements and policy on observing confidentiality and my responsibility to follow this policy in my role as volunteer.

Signature: _____ Date: _____

PARENT/GUARDIAN CONSENT (For Volunteers Under 18 Years of Age)

I am the parent or legal guardian of the above-named minor. I have read and understand this Volunteer Agreement and consent to my child’s participation in volunteer service with the City of Hawthorne.

Name of Parent or Legal Guardian/Relationship: _____ Date