



# CITY OF PICO RIVERA VOLUNTEER PROGRAM APPLICATION



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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ Transportation: \_\_\_\_\_

Have you ever been convicted of a violation or attempted violation of section 243.4 of the Penal Code, a sex offense against a minor, or of any felony, which requires registration pursuant of Section 290 of the Penal Code? \_\_\_\_\_ Yes \_\_\_\_\_ No

Assignments Preferred: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Other Applicable Experience: \_\_\_\_\_

Days Available:

Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Do you have any limitations related to health or physical ability? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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