



CITY OF SAN BERNARDINO VOLUNTEER/INTERN APPLICATION

RETURN TO: HUMAN RESOURCES
 300 NORTH "D" STREET, 2ND FLOOR
 SAN BERNARDINO, CA 92418
 (909) 384-5337

CONTACT INFORMATION		
FIRST NAME	M.I.	LAST NAME
STREET	CITY	STATE
HOME PHONE NUMBER	CELL PHONE NUMBER	
EMAIL ADDRESS:		

DRIVER'S LICENSE NUMBER	CLASS	EXPIRATION

Are there any medical or physical conditions that may require special accommodations? Yes No

If yes, please specify: _____

Are you currently working/volunteering for the City of San Bernardino? Yes No

If "yes", what Department? _____

Have you worked and/or volunteered for the City of San Bernardino previously? Yes No

If "yes", what Department? _____

Do you have any family members working for the City of San Bernardino? Yes No

If "yes", what is their Department and Position? _____

HOURS AVAILABLE TO WORK/VOLUNTEER
DAYS AVAILABLE
MON _____ TUES _____ WED _____ THURS _____ FRI _____ SAT _____
(Write available time period) MORNING _____ AFTERNOON _____
FREQUENCY AVAILABLE TO VOLUNTEER
DAILY _____ WEEKLY _____ BI-MONTHLY _____ OCCASIONALLY _____
OR NUMBER OF DAYS A MONTH _____
LENGTH OF ASSIGNMENT DESIRED
1-4 WEEKS _____ 1-3 MONTHS _____ 3-6 MONTHS _____ 1 YEAR _____ OTHER _____
TIME PERIOD DESIRED: STARTING DATE _____ ENDING DATE _____

EMPLOYMENT AND PROFESSIONAL EXPERIENCE

Please account for all employment in the last six (6) years, beginning with your current or most recent employer. In addition please include any other experience that you feel is relevant to the position for which you are applying, for example: military experience, volunteer work, internships or experience gained over 6 years ago, which has enhanced your qualifications for this position. Describe your work as completely as possible, if you have had more than one position with the same employer please list each position. You must clearly show that you meet the minimum experience requirements on this application form. Attach an additional sheet using the same format if extra space is needed. Résumés are welcome but only as an addition to, not in lieu of, this completed application.

Employer name	Employer phone number	From (Mo/Yr):
Job Title:	Hours Worked Weekly:	To (Mo/Yr):
Duties and Responsibilities:		
Reason for leaving:		

Employer name	Employer phone number	From (Mo/Yr):
Job Title:	Hours Worked Weekly:	To (Mo/Yr):
Duties and Responsibilities:		
Reason for leaving:		

EDUCATION

Name of High School attended:	Location (City and State)	Did you Graduate?	If not, do you have a GED?
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

Name of College, Universities, & Trade Schools	Major Course of Study	Degree Earned	Date Completed

REFERENCES AND PERSONAL INTEREST

REFERENCES (Please list two persons to be used as references of work ethic)

Name	Relationship	Contact Number

VOLUNTEER EXPERIENCE (Please list and describe any previous Volunteer Experience):

SPECIAL SKILLS OR INTERESTS RELEVANT TO YOUR INTERESTED POSITION:

WHY ARE YOU INTERESTED IN VOLUNTEERING/INTERNING?

Have you ever been convicted of an offense other than a minor traffic violation? Yes No
If "yes" please explain the nature below: (Convictions are evaluated for each position and are not necessarily disqualifying)

Conditions

I understand that I am providing Volunteer Experience to the City of San Bernardino and as such am not entitled to compensation or benefits otherwise afforded to employees of the City of San Bernardino. My services are offered freely, without 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 the 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.

I understand that the volunteer position is outside the City's Civil Service System and I will be an at-will volunteer. I acknowledge that my services may be terminated without cause, at any time, at the will of the City of San Bernardino in its sole discretion. Further, I understand that I have no expectation of future employment with the City of San Bernardino.

Volunteer Signature: _____ **Date:** _____