

City of Turlock 156 S. Broadway, Suite 235 Turlock, CA 95380 Phone: (209)668-5540 Fax: (209)668-5529 www.ci.turlock.ca.us

HR Office Use Only

Today's Date:
Date Applied:
Date Interviewed:
Date Hired:
Area Assigned:

Unpaid Volunteer & Intern Application

APPLICANT INFORMATION								
Last Name	First	M.I.	Date					
Street Address	Apartment/Unit #							
City	State	Zip Code						
Home Phone ()	Mobile Phone ()	Work Phone ()						
Email Address								
How did you heard about Volunteer/Intern opportunities at the City of Turlock? Friend School Requirement City of Turlock Website Association with School Program Other:								
EMERGENCY CONTACT								
Name	Phone #	Relationship						
	DRIVER LICENSE							
List licenses and/or certificates you possess which are relevant to this position:	Driver License # Class Expires (Mo/Yr)	Other Certificates:						
EDUCATION AND SKILLS								
Community service hours needed for: High School College Other: List any special training, education, skills or	hobbies that help us to better place you	as an intern.						
List any special training, education, skills or hobbies that help us to better place you as an intern.								
Bilingual Skills - Please indicate language(s) and if you speak, read and/or write the language.								

WORK EXPERIENCE							
All present or previous occupations (include volunteer work). Use separate sheet of paper for additional information.							
Employer Name and Address:	Employer Name	and Address:	Emplo	yer Name and	Address:		
Phone: ()	Phone: ()		Phone:	()			
Duties:	Duties :		Duties:	1			
Reason for Leaving:	Reason for Leav	ing:	Reason	n for Leaving:			
Dates	Dates		Dates				
From: To:	From:	То:	From:		То:		
Employer Name and Address:	Employer Name	and Address:	Employ	ver Name and	Address:		
Phone: ()	Phone: ()		Phone:	()			
Duties:	Duties:		Duties:				
Reason for Leaving:	Reason for Leav	ing:	Reason	for Leaving:			
Dates From: To:	Dates From:	To:	Dates From:		То:		
					10:		
Diseas shade	VOLUNTEER/IN			a ta da.			
	the type of volunte otential interns are sul			e to do:			
Department Division:							
Administrative Services Police Department							
Fire & Emergency Services	(Please	state the specifi	c division you will	l be working in	ı.)		
Municipal Services Development Services							
Please list any physical limitations that need to be accommodated to help you volunteer/intern.							
Please state what days and times you are available to volunteer/intern.							
		-	Thursday	Friday	Caturday		
Day: <u>Sunday Monday</u> Time:	y Tuesday	Wednesday	Thursday	Friday	Saturday		
I understand that as a volunteer/intern, I am representing the City of Turlock and will adhere to the guidelines set forth by the program.							
This is a bona fide volunteer/intern position and individuals are not entitled to wages or any other compensation for the time spent in the internship and may be released at any time by the City.							
I acknowledge that City of Turlock has extended its workers' compensation coverage to volunteers/interns and I agree to accept that coverage. I acknowledge that loss or damage of personal property used while providing volunteer or internship							
accept that coverage. I acknowledge th	nat loss or damage o						
	nat loss or damage o						