CITY OF FULLERTON VOLUNTEER/INTERN APPLICATION

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Department	_

Please fill out the information listed below and return it at your earliest convenience. Please make sure that all information is completed. This will assist us in matching your interests with a volunteer assignment that you will enjoy, at a time that is convenient for you.

PLEASE PRINT OR TYPE:		Today's Date:					
Name:(LAST)		(FIDET)		(41)			
Address.		(FIRST)		(M.I)			
Address:(NUMBER/STREET)		(CITY)		ZIP CODE)			
Home Phone: ()	Alt. Pho	ne: ()					
Over 18 years old? No Yhose under 18 years old will still be qua							
Please check:	CEDWOE HOL	DC					
	SERVICE HOU	KO					
<u>—</u>	School:Major						
OTHER							
☐ COURT/PROE	BATION MANDA	ATED COMMU	INITY SERVIC	E ORDER			
Language spoken (other than Eng	nlich).						
Euriguage spoker (other than En	yıısıı,						
Diagon list program(s) of interest.							
Please list program(s) of interest:							
Please list skills/knowledge:							
-							
Hours available:	Madraaday	Thursday	Friday	Coturdou	Cundou		
Monday Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
	Ποι	partment Use C)nlv·				
Start Date:							
Start Date:	End Date of Le	ength of Service	(II KNOWN):				
Emergency Contact Received							
Workers Compensation Pre-Injury	_			_			
Minor (under 18) : No Yes	S- Authorization To	Treat a Minor for	m with Parent Sig	<i>inatures</i>			
Working with Children or Handling	j money: No	Yes- needs	to be fingerprinted	d through the Police	e Department		
Will be driving on City Business:	No ☐ Yes-	request a copy of	f DMV drivina reco	ord			