

CITY OF OROVILLE – APPLICATION FOR DOCENT / VOLUNTEER PROGRAM
AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER
SUBMIT THIS APPLICATION TO: Parks & Trees Department, 1735 Montgomery St., Oroville CA 95965

SECTION I – READ INSTRUCTIONS CAREFULLY	SECTION II – POSITION APPLIED FOR
<ol style="list-style-type: none"> 1. Type or print clearly, 2. Answer each question truthfully and completely. False statements may be cause for rejection of your application or dismissal from the program. 3. Sign and date the Application. Unsigned applications will be rejected. 4. <u>You will be notified when your application has been accepted.</u> 	DOCENT / VOLUNTEER PROGRAM APPLICATION

SECTION III – PERSONAL HISTORY		
1. Name (Last, First, Middle Initial)	2. Social Security # (Optional)	3. Res. Phone #
4. Current Street Address (Street, City, State, Zip Code)		5. Bus. Phone #
6. Current Mailing Address (If different from above)		

SECTION IV. – GENERAL INFORMATION			
Please answer the following questions.		YES	NO
1. Do you hold a valid Driver's License? () California () Other () None Number _____ Class _____		<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever been discharged or requested to resign from any employment, in lieu of termination, due to misconduct or unsatisfactory service? If "Yes", explain on back or attach a separate sheet		<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been convicted, imprisoned and/or placed on probation for a felony or misdemeanor or required to pay a fine in excess of \$50, by any civil, criminal or military authorities, under your present name or another name? If "Yes", explain on back or attach a separate sheet		<input type="checkbox"/>	<input type="checkbox"/>
4. Do you currently have any relatives working for the City of Oroville? If yes, list name(s) below: _____		<input type="checkbox"/>	<input type="checkbox"/>

SECTION V. – SKILLS, ABILITIES, TALENTS, ETC.	
Please list any skills, abilities, talents, or prior experience that you feel would be useful being a docent for the City.	
1.	4.
2.	5.
3.	6.

SECTION VI. – REFERENCES – PLEASE LIST TWO	
1. Name:	Phone:
2. Name:	Phone:

SECTION VII. – EMERGENCY CONTACTS – PLEASE LIST TWO	
1. Name:	Phone:
2. Name:	Phone:

SECTION VIII. – SIGNATURE AND CERTIFICATION	
<p>I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial of application or dismissal from the docent/volunteer program. In addition, signing this document authorizes the City of Oroville to verify the information you provide, which also may include a credit history check. <u>This application will be rejected if it is not signed and dated by the applicant prior to submission.</u></p>	
DATE: _____	SIGNATURE: _____

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SECTION IX**

Tour Guide For:	Miscellaneous:	Annual Cleaning:
Chinese Temple <input type="checkbox"/>	Research <input type="checkbox"/>	Chinese Temple <input type="checkbox"/>
Lott Home <input type="checkbox"/>	Mending <input type="checkbox"/>	Lott Home <input type="checkbox"/>
Pioneer Museum <input type="checkbox"/>	Knitting <input type="checkbox"/>	Pioneer Museum <input type="checkbox"/>
Nature Center <input type="checkbox"/>	Crocheting <input type="checkbox"/>	Nature Center <input type="checkbox"/>
Bolt's Antique Museum <input type="checkbox"/>	Hand Laundry <input type="checkbox"/>	Bolt's Antique Museum <input type="checkbox"/>
	Public Speaking <input type="checkbox"/>	
Special Events:	Writing (Columns, Newsletters, etc.) <input type="checkbox"/>	Annual Crafts Faire:
Food Preparation <input type="checkbox"/>	Computer Input <input type="checkbox"/>	Set Up <input type="checkbox"/>
Baking Cookies <input type="checkbox"/>	Park Clean-Up <input type="checkbox"/>	Kitchen Crew <input type="checkbox"/>
Serving <input type="checkbox"/>	Landscape Maintenance <input type="checkbox"/>	General Help <input type="checkbox"/>
Kitchen Work <input type="checkbox"/>	Gardening <input type="checkbox"/>	

Please check (✓) all days and times you would be available to work:

Monday:	Tuesday:	Wednesday:
Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>
Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>
Thursday:	Friday:	Saturday:
Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>
Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>	Afternoon <input type="checkbox"/>
Sunday:	Your Birthday (Optional)	
Morning <input type="checkbox"/>	Month: _____	
Afternoon <input type="checkbox"/>	Day: _____	
Email Address (optional): _____		

Please provide any additional information or comments you feel would be helpful: (Optional)

**Please complete and return this application the Department of Parks and Trees 1735 Montgomery Street, Oroville, CA 95965.
If you have any questions please contact the Parks & Tress Department at (530) 538-2401.**