

12. If you possess any other skills, or would like to explain how you acquired any skill(s) you indicated above, please do so in the space provided.

13. REFERENCES: In the spaces provided below please list up to 4 references that are not related to you. References should be able to attest to the qualities that will make you a high quality volunteer.

First and Last Name	Primary Phone	Email	Relationship	How Long Known

14. Are you currently employed?

Yes No

15. If you indicated YES to question 12, please fill out the following information. If you indicated NO, please provide information for you most recent job.

Total Years	From Month / Year	to Month / Year	Title of Your Position	
Name and Address of Employer			Duties Performed	
Name and Telephone of Supervisor				
Reason for Leaving		No. Supervised (If Any)	No. of Hours	Is (or was) this position seasonal/temporary? <input type="checkbox"/> Yes <input type="checkbox"/> No

16. Are you currently employed with the City of Pomona?

Yes No

17. Do you have any relatives working for the City of Pomona?

Yes No

If "Yes", state relationship, name and department employed _____

18. Have you ever worked using a name different than that used on this application? Please indicate _____

Yes No

19. Have you **ever** been convicted of an offense other than a minor traffic violation?

Yes No

If "Yes", please state nature of offense, city, state, date and disposition _____

>Please do not include convictions of Health and Safety Code Sections 11357, 11360, 11364 or 11365 (marijuana offenses) if the conviction occurred prior to January 1, 1976.

*** If you answer "Yes" to any of these questions, please attach additional sheet if further explanation is needed.**

20. Are you willing to submit to a background check?

Yes No

21. THE CITY OF POMONA MAY CONTACT MY CURRENT AND FORMER EMPLOYERS FOR REFERENCES CONCERNING MY EMPLOYMENT:

Yes No

22. APPLICANT CERTIFICATION: (Read carefully before signing)

I, the undersigned, hereby certify that all statements contained herein, are true and correct to the best of my knowledge and belief. I understand that misstatements of material facts herein may disqualify me from volunteering with the City of Pomona at any time. Furthermore, if offered a volunteer position, I may be required to submit verification of any information provided on this application.

Signature of

Applicant: _____ Date: _____

(under penalty of perjury)

APPLICANT STATISTICAL INFORMATION

In order to analyze the success of the Volunteer in Pomona (VIP) program and related recruitment efforts, we would appreciate your voluntary cooperation in providing the following information. This information will be used for statistical purposes only and **will not** be used as part of the testing process.

Volunteer Position Applied for: _____

Date Applied: _____

CHECK SPACES FOR THE ETHNIC CATEGORIES WITH WHICH YOU IDENTIFY:

- African American Asian Caucasian Latino/Hispanic Native American
 Pacific Islander Other Decline to state

GENDER:

- Male Female

AGE:

- Under 18 18-25 26-40 41-64 65+

HOW DID YOU FIRST LEARN OF THIS VOLUNTEER OPPORTUNITY?

- Website: City's Website - How were you referred to our website? Daily Bulletin Career Builder
 Other website, please specify _____

Newspapers: Daily Bulletin LA Times Penny Saver Other (Specify) _____

Publications: Jobs Available Western Cities Other (Specify) _____

Volunteer Fairs: University of La Verne Chaffey College Pomona Unified School District
 Cal Poly Pomona Other (Specify) _____

Other (explain) _____

Walked in Heard it from someone Banner

Saw it posted (Specify Location) _____

Name (print) _____ Signature _____