

CITY OF PERRIS Volunteer/Intern Application Form

101 North D Street Perris, CA 92570 (951) 943-6100 www.cityofperris.org

YOUR	R CONTAC'	T INFO	RMA'	ION					
Instructions: Please fill out all pages of this form application.	completely, either	by typing or	printing	in ink. An or	iginal	signatur	e is requ	uired for each	
Last Name	st Name			First Name			MI		
Street Address							Apt. N	Jo	
Street Fiduress							7 1 pt. 1	10.	
					,				
City				State		te	Zip Code		
	T								
Your Email Address (optional):									
	Home Phone N	lumber	Work Phone Number Cell			Cellula	lular Phone/Other		
May we contact you at work? ☐ Yes ☐ No	()		()						
Your Telephone Number:		MEODM		NT		()			
PE.	RSONAL II	NFORM	AHO	IN					
Are you at least eighteen (18) years of age?	□ Yes □ No								
Have you ever been employed by the City of Perris? If yes, hire date: exit date:								☐ Yes ☐ No	
Do you have any relatives currently employed by the City of Perris? If yes, please provide name and relationship:								☐ Yes ☐ No	
V · 1 1	DUCATION	- P TD Λ	INIINI	2				2 163 2 110	
		& IKA				Addrass	City	State, Zip	
Did you receive a high school diploma? ☐ Yes ☐ No			Tilgii S	High School Name Addre			, City,	State, Zip	
Do you have a GED or High School Equivalent	icy Diploma? ⊔	Yes ⊔ No							
Training Beyond High School (College, Univers	sity Business Coll	ege or other	schools)						
	ity/State No. of Yea						Degr	ree	
Number 2 Securior of Institution	ity/State	1(0.0110	1110	1viajoi/Babjeet		Degree			
EMD		INFOD		ON					
	LOYMENT	INFOR	MAII	_					
Current Name of Employer/Business	Profession			Employer P		ne No.			
				()					
Address of Business (Street, City, State, Zip Code	e)								
Brief Description of Duties:									
Previous Name of Employer/Business	Profession	Employer Phone No.			ne No.				
				()					
Address of Business (Street, City, State, Zip Code	e)								
Brief Description of Duties:									

INTERESTS / SKILLS / ABILITIES													
What City Departm	ent would you	ı like to volunte	eer/ intern for?										
☐ Community Ser	vices		☐ Devel	opment Service	es	☐ Public Works							
☐ Other Departme	nt												
List your skills, abil seeking:	lities, related v	olunteer comm	nunity service an	d relevant inte	erest to the vo	lunteer/intern assi	gnment you are						
	SCHEDULE AVAILABILITY												
If known, estimate l	length of time				(Mon	ths) ((Years)						
				Thursday									
Times Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday						
Morning													
Afternoon													
Evening		REASO	N(S) FOR V	ZOLUNTI	FERING								
I certify that all statements made in this application are true and complete. I further understand that there may be specific qualifications for some volunteer/intern positions and that my application may be rejected if it is determined that I do not satisfactorily meet those qualifications. I hereby authorize the City of Perris to process a Background Check on my application for the volunteer/intern program, and understand that Fingerprinting may be required for certain volunteer, intern and commissioner assignments. Once accepted, I realize I may be released from my temporary volunteer/intern position, since I serve at the will and pleasure of the department. I understand that I will not be paid for my volunteer services, and I am not considered an employee at any time. Indemnity: The volunteer/intern will indemnify, hold harmless, and release the City, it's officers, employees, agents and volunteers from and against any and all claims, damages, lawsuits, costs, expenses and other liabilities caused in part or in whole by him/her while providing voluntary services for the City, including injury to their person, damage to their property, and injury or damage to the person and/or property of other volunteers or members of the public.													
Volunteer/Intern Applicant's Signature Date Those under 18 years old must also have Parent or Guardian Consent/Signature:													
Parent/Guardian Signature				Date									