



## YOUTH VOLUNTEER APPLICATION

(For those ages 15-17 who plan to volunteer for more than one day)

If you are between the ages of 15 – 17 and are interested in becoming an active volunteer, you must complete and submit the following forms: 1) Youth Volunteer Application; 2) Parental Release; and 3) Work Permit. Forms are available at City of San Juan Capistrano, Human Resources Department, 32400 Paseo Adelanto, San Juan Capistrano, CA 92675 and on the City’s website at [www.sanjuancapistrano.org](http://www.sanjuancapistrano.org). Once all paperwork is complete, please mail or hand-deliver to the Human Resources Department located at address above. If you have any questions, please contact us at 949/443-6322 or via email at [hr@sanjuancapistrano.org](mailto:hr@sanjuancapistrano.org).

<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MI:</b>	<b>HOME NUMBER:</b>	<b>CELL NUMBER:</b>
<b>EMAIL ADDRESS:</b>		<b>WHAT IS THE BEST WAY TO CONTACT YOU?</b>		
		<input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Email		
<b>HOME ADDRESS (NUMBER &amp; STREET)</b>		<b>APT#</b>	<b>CITY</b>	<b>STATE</b>
<b>HOW DID YOU HEAR ABOUT US?</b>		<b>PLEASE CHOOSE YOUR AGE BELOW:</b>		
		<input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17		
<b>WHAT VOLUNTEER OPPORTUNITIES INTEREST YOU (Please check all that apply):</b>				
<input type="checkbox"/> Event Planning		<input type="checkbox"/> Public Safety		<input type="checkbox"/> Other _____
<input type="checkbox"/> Office Work (i.e. filing, typing)		<input type="checkbox"/> Sports (general)		<input type="checkbox"/> Landscape/Maintenance
<b>IS THERE ANY MEDICAL/PHYSICAL CONDITION WHICH WOULD LIMIT YOUR ABILITY TO PERFORM ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING?</b>				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>If yes, please explain:</b>				
<b>HAVE YOU EVER BEEN CONVICTED OF ANY FELONY OR MISDEMEANOR (OTHER THAN JUVENILE CONVICTIONS) UNDER YOUR PRESENT OR PAST NAME? PLEASE INCLUDE ANY CONVICTIONS THAT HAVE BEEN EXPUNGED OR SEALED BY THE COURT.</b>				
<input type="checkbox"/> No <input type="checkbox"/> Yes				
<b>If yes, please answer the following:</b>				
<b>Describe:</b>		<b>When:</b>		
<b>Where:</b>		<b>Outcome:</b>		
<b>EMERGENCY CONTACT #1:</b>				
<b>Name:</b>		<b>Relationship to you:</b>		
<b>Phone:</b>		<b>Alternate Phone:</b>		
<b>EMERGENCY CONTACT #2:</b>				
<b>Name:</b>		<b>Relationship to you:</b>		
<b>Phone:</b>		<b>Alternate Phone:</b>		
<b>SCHOOL:</b>		<b>GRADE:</b>		
<b>SPECIAL SKILLS, CERTIFICATIONS, LANGUAGES, ETC.</b>				



City of San Juan Capistrano  
 Volunteer Program & Policy Manual

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DO YOU HAVE A VALID CA DRIVER'S LICENSE		If yes, Driver's License Number	
<input type="checkbox"/> Yes <input type="checkbox"/> No			
DAYS/HOURS AVAILABLE			
Sunday:	Monday:	Tuesday:	Wednesday:
Thursday:	Friday:	Saturday:	
ADDITIONAL COMMENTS:			

**BY SIGNING BELOW**

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I understand that any false statements in my application will subject me to disqualification.

I understand that before performing the duties of a volunteer with the City of San Juan Capistrano, all paperwork must be submitted and approval must be received by the Human Resources Department.

I understand that the City of San Juan Capistrano reserves the right to use photos taken during events/projects for promotional purposes, including publishing in newsletters, brochures, and the City's website.

\_\_\_\_\_ Date: \_\_\_\_\_  
**Applicant's Signature:**

\_\_\_\_\_ Date: \_\_\_\_\_  
**Parent/Guardian's Printed Name**

\_\_\_\_\_ Date: \_\_\_\_\_  
**Parent/Guardian's Signature**



### PARENTAL/GUARDIAN RELEASE FOR MINOR VOLUNTEERS

(For those ages 15-17 who plan to volunteer for more than one day)

This form is intended for volunteers ages 15-17. Please have your parent or guardian complete this form and submit along with your Youth Volunteer Application. If you are 18 and over, you are not required to complete this form.

**APPLICANT'S FULL NAME:** \_\_\_\_\_

I hereby give permission for my child to serve as a volunteer for the City of San Juan Capistrano. In the event of an emergency during the duration of performing volunteer activities, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above.

I understand I am responsible for his or her own medical insurance and will not hold the City of San Juan Capistrano liable for any injury or damage to my child while engaged in volunteer activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>PHONE NUMBER</b>		<b>ALTERNATE NUMBER</b>		<b>EMAIL ADDRESS</b>		
<b>RELATIONSHIP TO CHILD</b>			<b>WHAT IS THE BEST WAY TO CONTACT YOU?</b>			
			Home Phone		Cell Phone	Email
<b>MEDICAL INSURANCE NAME &amp; NUMBER</b>						
<b>DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATION THAT MAY AFFECT HIS/HER WORK?</b>						
<b>PLEASE LIST ANY ALLERGIES YOUR CHILD MAY HAVE:</b>						
<b>PLEASE LIST ANY MEDICATIONS YOUR CHILD TAKES:</b>						
<b>DATE OF LAST TETANUS SHOT:</b>		<b>PLEASE LIST ANY SPECIAL NEEDS YOUR CHILD HAS:</b>				

\_\_\_\_\_  
**Applicant's Signature:** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian's Printed Name** **Date:** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian's Signature** **Date:** \_\_\_\_\_