



CITY OF CITRUS HEIGHTS

6360 Fountain Square Drive • Citrus Heights, CA 95621 • (916) 725-2448
Fax (916) 725-5799 • TDD (916) 725-6185 • www.citrusheights.net

The City of Citrus Heights is committed to providing high quality, economical, responsive city services to our community.

Volunteer/Intern Program - General Requirements

Applicants will be working in a highly confidential environment and would need to abide by the following requirements:

- Be at least 18 years old.
- Make a one (1) year commitment to the City of Citrus Heights.
- Be able to volunteer a minimum of twelve (12) hours a week.
- Must be in good health and without physical condition(s) that will endanger them, or another member of the City of Citrus Heights.
- Be of good character and possess good moral habits.
- Successfully pass a background investigation including, but not limited to, a criminal history check, DMV history check, and references.

Other:

- Volunteers are not eligible for salaries, benefits or other compensation.
- Volunteers are covered under the City's workers' compensation insurance program and must sign an acknowledgement they have received this information.
- The City of Citrus Heights generally disqualifies any individual who has:
 - Been convicted of a felony or any offense that would qualify as a felony under California Statutes.
 - Used illegal marijuana in the past three years.
 - Sold any illegal drug or substance, or prescription medication illegally.
 - Used illegal or dangerous drugs in the past ten years.
 - Been arrested for any crime or charged with a major traffic offense.
 - Had a suspension of license, or been convicted of driving without insurance during the past year.
 - Lied during any part of the application process.
 - Had regular association and/or contact with family or friends who have a criminal background.
 - Been determined to be detrimental, due to any other factors, to the City of Citrus Heights by the Volunteer Coordinator or Support Services Manager.

There is no appeal process for applicants that do not get selected for the program.

I have reviewed the above general requirements and would like to continue the process. Please sign below and return with your completed volunteer application. We will be in contact with you soon.

Applicant Signature

Date



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Statement of Confidentiality and Waiver

I, _____, have applied for a position as a Volunteer/Intern with the City of Citrus Heights. I understand that any material omissions and/or false information I provide in the attached application constitute sufficient reason for rejection of this application or termination from the Volunteer/Intern Program. In addition, I authorize and request former employers, personal references, schools, individual agencies, organizations or law enforcement agencies to answer any and all questions that may be asked regarding my application for a Volunteer/Intern position and do hereby hold such persons harmless for the sharing of information within their knowledge or record. I further hold harmless and indemnify the City of Citrus Heights and its officials, governing bodies, officers, employees, personnel, and agents for the receipt and use of such information.

I understand that I do not have the right to continue my volunteer status or utilize any appeal rights as a Volunteer/Intern if terminated. **I understand that I am not an employee of the City of Citrus Heights or any department thereof**, and am not eligible for any compensation or benefits of any kind or nature.

I understand and agree that in the performance of my duties as a Volunteer/Intern with the City of Citrus Heights, I will hold all names and information regarding the city in the strictest confidence. I understand that there can be no compromise in the requirements for all Volunteers/Interns to follow the City of Citrus Heights policies and procedures on records, information and this "Volunteer/Intern Statement of Confidentiality." I understand that I will be provided with copies of all City policies on confidentiality, and that I must abide by such policies.

Any violations of this agreement shall subject Volunteer/Intern to termination and possible criminal prosecution.

I shall not permit any person to receive information connected with the operation of the City of Citrus Heights without permission of a city official or as otherwise provided by law or City policies and procedures.

I hereby voluntarily release, discharge, waive and relinquish all claims against the City of Citrus Heights, its officials, governing bodies, officers, employees, personnel, volunteers and agents from all actions, claims, demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for bodily injury, negligence, personal injury, accident, emotional distress, property damage, or wrongful death resulting from my participation in these volunteer activities or services.

Volunteer/Intern Signature:

Date:



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Volunteer/Intern Qualifications

1. Interested citizens must complete a Volunteer Application and submit it to the City of Citrus Heights.
2. Applicants must be at least 18 years of age and possess education equivalent to a high school diploma.
3. Applicants must be willing to commit to a minimum of twelve (12) hours per week.
4. Applicants must be willing to commit to a minimum of one (1) year of service.
5. Applicants must submit to a Livescan Fingerprint Scan.
6. Applicants should be of good moral character and reputation.
7. Applicants must be able to demonstrate good judgment and possess skills and abilities which will benefit functions of the City of Citrus Height to the satisfaction of the City Manager or designee.
8. Applicant selection is focused on those who live in the City of Citrus Heights. However, exceptions may be granted at the discretion of the City Manager.
9. Applicants may be required to submit a letter from their physician stating they are qualified to perform assigned tasks. Applicants may be considered if their doctor so stipulates, depending on the needs of the department. Applicants will also submit an emergency contact information form.

Please sign below to acknowledge your understanding the requirements for being a City of Citrus Heights Volunteer/Intern.

Signature

Date



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Volunteer/Intern Applicant Questionnaire

1. Please tell us why you would like to be a Volunteer/Intern with the City of Citrus Heights.
2. Please tell us about your job experience and skills.
3. How long of a commitment are you willing to give our Volunteer/Intern Program? (i.e. 6 months, 1 year, etc.)
4. Have you done volunteer/intern work for any other organization or community? If so, please describe.
5. When can you begin volunteer/intern services?
6. Is there anything in your personal or professional life that would cause us any concerns when doing a background check?



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Volunteer/Intern Application

Please answer the following questions fully and print legibly using additional pages if necessary. Any false statements made on this application may disqualify the applicant from eligibility for the City of Citrus Heights Volunteer/Intern program.

PERSONAL HISTORY

NAME (Last, First, Middle)				POSITION APPLYING FOR (Volunteer or Intern)	
NICKNAMES/ALIASES				ADDRESS (Number, Street, Apt. No.)	
DRIVER'S LICENSE				(City, State, Zip Code+4)	
State	Number	Exp. Date	Class		
HOME PHONE () _____		WORK/OTHER PHONE () _____		Email Address	
Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email					
If selected, can you show verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you retired from a PERS agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Have you ever been convicted of a criminal offense (felony or misdemeanor)? Convictions for marijuana-related offenses that are more than two (2) years old should not be listed. Do not list arrests which did not result in conviction. Note: No applicant will be denied solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state date, nature of offense and disposition of case below and attach a copy of the police report.</p>					



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EDUCATION AND TRAINING

HIGHEST GRADE COMPLETED <table border="1"> <tr> <th colspan="4">High School</th> <th colspan="4">College</th> <th colspan="4">Graduate</th> </tr> <tr> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> <td>1</td><td>2</td><td>3</td><td>4</td> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td><td> </td> </tr> </table>												High School				College				Graduate				1	2	3	4	1	2	3	4	1	2	3	4													Name and location of High School _____ _____				Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED			
High School				College				Graduate																																															
1	2	3	4	1	2	3	4	1	2	3	4																																												
Name and location of college, Business or Trade School _____				Years Attended From To ____ / ____		Degree Awarded? YES NO <input type="checkbox"/> <input type="checkbox"/>		Type of Degree _____		Major Subjects _____																																													
_____				____ / ____		<input type="checkbox"/> <input type="checkbox"/>		_____		_____																																													
_____				____ / ____		<input type="checkbox"/> <input type="checkbox"/>		_____		_____																																													
_____				____ / ____		<input type="checkbox"/> <input type="checkbox"/>		_____		_____																																													
List current certificates of professional competence, licenses, memberships in professional associations: _____ _____ _____																																																							

EMPLOYMENT HISTORY This section must be completed. Please list all paid and non-paid positions and periods of unemployment held within the last ten (10) years. Attach a separate sheet if necessary. Please list most current position first.

Dates employed (mm/yy) From: _____ To: _____		Employer _____			Title _____		
Total yrs/mos. worked _____		Address (Number, Street, City, State, Zip Code) _____					
Hours worked each week _____		Name and title of supervisor _____				Phone no. (____) _____	
Type of Business _____				Reason for leaving _____			
Job Duties _____							
Dates employed (mm/yy) From: _____ To: _____		Employer _____			Title _____		
Total yrs/mos. worked _____		Address (Number, Street, City, State, Zip Code) _____					
Hours worked each week _____		Name and title of supervisor _____				Phone no. (____) _____	
Type of Business _____				Reason for leaving _____			
Job Duties _____							



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Dates employed (mm/yy) From: _____ To: _____	Employer	Title
Total yrs/mos. worked	Address (Number, Street, City, State, Zip Code)	
Hours worked each week	Name and title of supervisor	Phone no. (____) _____
Type of Business	Reason for leaving	
Job Duties		
Dates employed (mm/yy) From: _____ To: _____	Employer	Title
Total yrs/mos. worked	Address (Number, Street, City, State, Zip Code)	
Hours worked each week	Name and title of supervisor	Phone no. (____) _____
Type of Business	Reason for leaving	
Job Duties		
Dates employed (mm/yy) From: _____ To: _____	Employer	Title
Total yrs/mos. worked	Address (Number, Street, City, State, Zip Code)	
Hours worked each week	Name and title of supervisor	Phone no. (____) _____
Type of Business	Reason for leaving	
Job Duties		

Have you ever been terminated or asked to resign from any employment? NO YES (if yes, explain)

May we contact your present employer? YES NO (if no, explain)



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SPECIAL SKILLS

Do you have any special skills? (I.e. computer, typing, bilingual, etc.) Please explain.

AVAILABILITY

Can you commit to twelve (12) hours of service per week?

Please indicate the hours you are available each day.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TO	TO	TO	TO	TO	TO

Indicate an exceptions (i.e. not available on the thirds Thursday of each month, etc.)

INFORMATION VERIFICATION

By signing below, I affirm that the information contained on this application is complete and accurate to the best of my knowledge. I authorize the City of Citrus Heights or designee to confirm the information contained above.

SIGNATURE: _____ DATE: _____

Return completed application to:

Citrus Heights Police Department
ATTN: Volunteer Coordinator
6315 Fountain Square Drive
Citrus Heights, CA 95621