

Date _____

On Site Staff Member
Name: _____Volunteer Assignment
Position: _____

CITY OF RENO PARKS, RECREATION AND COMMUNITY SERVICES VOLUNTEER APPLICATION

Thank you for offering to give your time and energy to serve as a volunteer with the City of Reno. Your interest in volunteering is vital to our community. While paperwork can be time consuming, we will try to make every effort to minimize your time spent in this area. Please answer all questions completely (this is a two page application) and to the best of your knowledge and sign. Feel free to attach a resume. The minimum age to volunteer is 16 years old. Again, thank you for your interest in our City.

Name: _____
Last First MiddleAddress: _____
Street City State Zip Code

Phone: Day _____ Evening _____ Cell _____

E-Mail Address: _____

Volunteer Interests (**Please rank your top 3 choices**):

<input type="checkbox"/>	Golf
<input type="checkbox"/>	Rose Garden
<input type="checkbox"/>	Seniors
<input type="checkbox"/>	Greenhouse

<input type="checkbox"/>	Arts and Culture
<input type="checkbox"/>	Youth
<input type="checkbox"/>	Recreation Misc
<input type="checkbox"/>	Inclusion/Adaptive Recreation

Volunteer Interests & Skills: please fill in

Other Interests:
Volunteer Skills:

Have you ever been arrested and/or convicted of a crime other than minor traffic citations (minor, for which the fine was \$150 or less?) No Yes If yes, please give date(s) and place(s), the specific charge(s) and fully explain the situation. If more room is needed, please use a separate sheet of paper. _____

VOLUNTEER EXPERIENCE

Organization: _____

Address: _____
Street City State Zip Code

Name of Supervisor: _____ Volunteered From: _____ To: _____

Reason for Leaving: _____ Title/Position: _____

Duties: _____

EMPLOYMENT

Employer: _____

Address: _____
Street City State Zip Code

Name of Supervisor: _____ Worked From _____ To _____

Reason For Leaving: _____ Title/Position: _____

Duties: _____

REFERENCES

Please list two people (not related to you) who have known you at least one year. Do not repeat names of supervisors.

Name	Address (including zip code)	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY INFORMATION/EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____ Relationship: _____

SIGNATURE

I certify that all statements of this application are true, and I understand that any false statements of material facts may cause forfeiture of my volunteer position with the City of Reno. The City of Reno is authorized to make any investigations of my background, including a criminal history background check. I am 16 years of age or older.

Signature

Date

Parent/Guardian Signature (if under 18)

Date

Parent/Guardian Name (Please Print)

**Please Return to:
Volunteer Coordinator
Evelyn Mount Northeast Community Center
1301 Valley Road, 334-2262
or
Parks, Recreation and Community Services Administration
1 East 1st Street, City Hall 11th floor
334-2260**