



CITY OF ROCKLIN PARK AMBASSADOR APPLICATION

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Phone: (H) _____ (W) _____ (Cell) _____

Email: _____

Do you possess a valid driver's license? (May be required for position) Yes No

Education - Check levels completed; fill in major or area of emphasis:

- | | |
|--|--|
| <input type="checkbox"/> High School/GED | <input type="checkbox"/> Bus./Tech. School _____ |
| <input type="checkbox"/> A.A. _____ | <input type="checkbox"/> B.A./B.S. _____ |
| <input type="checkbox"/> M.A./M.S. _____ | <input type="checkbox"/> Ph.D. _____ |

Please check the skills and experience you have, and would like to use:

- | | | |
|--|---|---|
| <input type="checkbox"/> Public speaking/presentations | <input type="checkbox"/> Teaching / training | <input type="checkbox"/> Running errands/delivery |
| <input type="checkbox"/> Typing, data entry, clerical | <input type="checkbox"/> Writing / Editing | <input type="checkbox"/> Mechanical skills |
| <input type="checkbox"/> Customer relations / service | <input type="checkbox"/> Researching / Grants | <input type="checkbox"/> Fire Service experience |
| <input type="checkbox"/> Drawing, designing, drafting | <input type="checkbox"/> Computer Operations | <input type="checkbox"/> E.M.S. experience |
| <input type="checkbox"/> Television, radio, media | <input type="checkbox"/> Photography | <input type="checkbox"/> Law enforcement experience |

Special Skills, Training, Interests, Hobbies, Languages. Education or work experience you feel may be applicable to this volunteer position:

What kinds of volunteer assignment(s) are you most interested in?

- Park patrol Park Cleanups Special Events

Why do you want to be a Rocklin Park Volunteer? _____

Date Available to Start: _____

Hrs. Available	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

Current Status: Check all that apply:

<input type="checkbox"/> Employed	<input type="checkbox"/> Employed part-time	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Senior Volunteer
<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Other _____

REASONABLE ACCOMMODATIONS:

Based upon your understanding of the Park Volunteer Program, will you require any special accommodations to apply and/or participate as a volunteer? Yes No

If yes, what reasonable accommodations would be necessary to assist you in this area?

Have you ever been convicted of any offense other than minor traffic violations?

Yes No

NOTE: CONVICTIONS ARE EVALUATED FOR EACH POSITION AND ARE NOT NECESSARILY DISQUALIFYING.

The California Fair Employment and Housing Commission prohibits asking applicants about convictions that have been sealed, expunged or legally eradicated, or misdemeanor convictions for which probation was completed and the case was dismissed.

How did you hear about the City of Rocklin's Park Volunteer Program?

Signature of Volunteer Applicant: _____ Date: _____

Please submit this application to:

Laura Burton, Parks Office Assistant

Office of Parks and Recreation

5460 5th Street

Rocklin, CA 95677

Email: Laura.burton@rocklin.ca.us

Phone: (916) 625-5227

