

EMPLOYMENT/VOLUNTEER HISTORY

EMPLOYER	DATES OF EMPLOYMENT	SUPERVISOR NAME	PHONE NUMBER
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are there certain skills, training or knowledge you wish to utilize while volunteering? _____

INTERESTS AND SPECIAL SKILLS (Check the skills or areas of interest you have)

- | | |
|---|--|
| <input type="checkbox"/> Gardening/lawn care | <input type="checkbox"/> Video/TV Production |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Carpentry/construction |
| <input type="checkbox"/> Mass Mailings | <input type="checkbox"/> Calligraphy |
| <input type="checkbox"/> Surveys | <input type="checkbox"/> Research |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Clerical/Receptionist/Filing |
| <input type="checkbox"/> Concessions | <input type="checkbox"/> Event set-up/take-down |
| <input type="checkbox"/> Telephoning | <input type="checkbox"/> Public Relations/Marketing |
| <input type="checkbox"/> Photocopying | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Recreational Activities
(Crafts, coaching, athletics) | <input type="checkbox"/> Accounting |
| | <input type="checkbox"/> Other (please specify): _____ |

LANGUAGES

List any foreign language that you are skilled in and check the box(s) that best describe your ability

LANGUAGE:	SPEAK	WRITE
_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

COMPUTER SKILLS

Please rate yourself in your ability to utilize computer software using a scale of 1-5, 5 being expert

Microsoft Word _____ Microsoft Excel _____
 Microsoft Access _____ PowerPoint _____
 Other software (please list): _____

I certify that all statements I have made on this application are true and correct. I understand that my failure to answer all questions asked by this application, or falsification of any statement made herein, may result in the rejection of my application. I hereby authorize the City of Seguin to investigate the accuracy of this information. I am aware that fingerprinting and/or a background check will be required before placement in some volunteer assignments. I expressly request references who may have information concerning me, to furnish such information to the City of Seguin officials, and agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information.

I understand that nothing in this volunteer application, in the City's statement of personnel policies, or in my communications with any City employee or official is intended to create an employment contract between the City and me. Accordingly, either I or the City may terminate my at-will, volunteer service at any time with or without cause or notice.

Signature of applicant: _____ **Date:** _____

Parent or guardian consent required if applicant is under 18 years of age

Signature of parent or guardian: _____ **Date:** _____