CITY OF OROVILLE - APPLICATION FOR DOCENT / VOLUNTEER PROGRAM AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER SUBMIT THIS APPLICATION TO: Community Development Department, 1735 Montgomery St., Oroville CA 95965 SECTION II -SECTION I - READ INSTRUCTIONS CAREFULLY POSITION APPLIED FOR 1. Type or print clearly, 2. Answer each question truthfully and completely. False statements may be cause **DOCENT / VOLUNTEER** for rejection of your application or dismissal from the program. **PROGRAM** 3. Sign and date the Application. Unsigned applications will be rejected. APPLICATION 4. You will be notified when your application has been accepted. SECTION III - PERSONAL HISTORY 2. Social Security # (Optional) 1. Name (Last, First, Middle Initial) 3. Res. Phone # 4. Current Street Address (Street, City, State, Zip Code) 5. Bus. Phone # 6. Current Mailing Address (If different from above) SECTION IV. – GENERAL INFORMATION SECTION IV. – GENERAL INFO YES NO 1. Do you hold a valid Driver's License? () California () Other () None _____ Class ____ Number __ 2. Have you ever been discharged or requested to resign from any employment, in lieu of termination, due to misconduct or unsatisfactory service? If "Yes", explain on back or attach a separate sheet 3. Have you ever been convicted, imprisoned and/or placed on probation for a felony or misdemeanor or required to pay a fine in excess of \$50, by any civil, criminal or military authorities, under your present name or another name? If "Yes", explain on back or attach a separate sheet 4. Do you currently have any relatives working for the City of Oroville? If yes, list name(s) below: SECTION V. - SKILLS, ABILITIES, TALENTS, ETC. Please list any skills, abilities, talents, or prior experience that you feel would be useful being a docent for the City. 1. 2. 3. SECTION VI. – REFERENCES – PLEASE LIST TWO 1. Name: Phone: 2. Name: Phone: SECTION VII. - EMERGENCY CONTACTS - PLEASE LIST TWO Phone: 1. Name: 2. Name: Phone: SECTION VIII. - SIGNATURE AND CERTIFICATION I declare under penalty of perjury, under the laws of the State of California, that all statements contained in this application and any accompanying documents is true and correct, with full knowledge that all statements made in this application are subject to investigation and that any false or dishonest answer to any question may be grounds for denial of application or dismissal from the docent/volunteer program. In addition, signing this document authorizes the City of Oroville to verify the information you provide, which also may include a credit history check. This application will be rejected if it is not signed and dated by the applicant prior to submission.

DATE: _____ SIGNATURE: ____

CITY OF OROVILLE – DEPARTMENT OF PARKS & TREES DOCENT / VOLUNTEER PROGRAM APPLIOCATION PAGE 2 SECTION IX		
Tour Guide For:	Miscellaneous:	Annual Cleaning:
Chinese Temple	Research	Chinese Temple
Lott Home	Mending	Lott Home
Pioneer Museum	Knitting	Pioneer Museum
Nature Center	Crocheting	Nature Center
Bolt's Antique Museum	Hand Laundry	Bolt's Antique Museum
_	Public Speaking	
Special Events:	Writing (Columns, Newsletters, etc.)	Annual Crafts Faire:
Food Preparation	Computer Input	Set Up
Baking Cookies	Park Clean-Up	Kitchen Crew
Serving	Landscape Maintenance	General Help
Kitchen Work	Gardening	
_	-	
Please check (✓) all days and times you would be available to work:		
Monday:	Tuesday:	Wednesday:
Morning	Morning	Morning
Afternoon	Afternoon	Afternoon
Thursday:	Friday:	Saturday:
Morning	Morning	Morning
Afternoon		Afternoon
Sunday:		Your Birthday (Optional)
Morning		Month:
Afternoon		Day:
Email Address (optiona		
Eman Address (optiona		
Please provide an email address		
Please provide any additional information or comments you feel would be helpful: (Optional)		

Please complete and return this application the Community Development Department 1735 Montgomery Street, Oroville, CA 95965.
If you have any questions please contact the Cultural Facilities Curator at (530) 538-2497.