

PACF Volunteer Application

Return Application To

Human Resources Department
65 Civic Avenue
Pittsburg, CA 94565-3814

Phone: (925) 252-6970
Website: pittsburgfoundation.org

Instructions: Applications should be printed or typed in blue or black ink. Incomplete or illegible applications may not be considered. Resumes are encouraged but will not be accepted in lieu of Volunteer Applications.

PERSONAL INFORMATION			
NAME (Last, First, Middle)		OTHER NAMES USED (if any)	
ADDRESS (Number, Street and Apartment No.) (City, State and Zip Code)		CAL. DRIVER'S LICENSE NO. VALID? YES NO	
HOME TELEPHONE		WORK TELEPHONE	
E-MAIL ADDRESS (optional)		Comments:	
As they support your application for this position, describe any job-related skills, knowledge, special training, licenses or certificates you possess and/or machinery or equipment you can operate. (If necessary, please continue on a separate page):		TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary Which programs are you interested in? (check all that apply) <input type="checkbox"/> Arts/Art Shack <input type="checkbox"/> Literacy/Bookstore <input type="checkbox"/> Events <input type="checkbox"/> Other	
Highest Grade Completed High School 9 10 11 12 College 1 2 3 4 Graduate Program 1 2 3 4			
Name and Location of High School			
Name and Location of College or Trade School			
Name and Location of College or Trade School		Did You Graduate? <input type="checkbox"/> GED <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Attended From To	
		Degree Received <input type="checkbox"/> None	

EXPERIENCE

Begin with your present or most recent employment. List both paid and related volunteer work. Use additional pages as necessary.		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed From	To	Hours Weekly	Employer Name and Address
Salary		<input type="checkbox"/> Month <input type="checkbox"/> Hour	Employer's Telephone Number
Title and Duties		Supervisor's Name	
		Reason for Leaving	
Employed From	To	Hours Weekly	Employer Name and Address
Salary		<input type="checkbox"/> Month <input type="checkbox"/> Hour	Employers Telephone Number
Title and Duties		Supervisor's Name	
		Reason for Leaving	
Employed From	To	Hours Weekly	Employer Name and Address
Salary		<input type="checkbox"/> Month <input type="checkbox"/> Hour	Employer's Telephone Number
Title and Duties		Supervisor's Name	
		Reason for Leaving	
Employed From	To	Hours Weekly	Employer Name and Address
Salary		<input type="checkbox"/> Month <input type="checkbox"/> Hour	Employer's Telephone Number
Title and Duties		Supervisor's Name	
		Reason for Leaving	

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this application in any detail is grounds for disqualification or for dismissal of volunteer service. I agree to conform to the rules and regulations of PACF. I consent to and authorize PACF to ask for information concerning me. I further understand that I may be fingerprinted and to furnish such proof of age and education as may be requested, or otherwise investigated prior to selection as a volunteer. I release all parties and persons connected with any requests for information from all claims, liabilities and damages for whatever reason arising out of furnishing this information.

Signature _____

Date _____