



**CITY OF SOUTH PASADENA  
COMMUNITY SERVICES DEPARTMENT**

815 MISSION STREET, SOUTH PASADENA, CA 91030

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[WWW.SOUTHPASADENACA.GOV](http://WWW.SOUTHPASADENACA.GOV)

**Volunteer Application and Agreement**

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. /Unit \_\_\_\_\_

City, State, Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Telephone Number \_\_\_\_\_ Birthday \_\_\_\_\_

Email Address \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Education, skills, hobbies, activities \_\_\_\_\_

\_\_\_\_\_

Languages (Specify: Speak, Write, Read) \_\_\_\_\_

I will volunteer my services for \_\_\_\_\_ day(s) a week for a total of \_\_\_\_\_ hours(s) per week. (Volunteers are asked to work a minimum of two hours and a maximum of 6 hours per week.)

Please indicate below what day(s) and hours you will be available.

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_



## Volunteer Consent Form

In an emergency, contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

If under 18 years of age:

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

If under 18, signature of parent or guardian, consenting to applicant working as a Volunteer.

\_\_\_\_\_  
Parent Signature

### Photo Release

Photos maybe taken of your child and be used for publication or publicity by the City of South Pasadena.

Please initial next to the appropriate statement:

\_\_\_\_\_ Yes, my child may be photographed and the photos maybe used for publication or publicity.

\_\_\_\_\_ No, my child may not be photographed.

I hereby apply for work as a Volunteer in the City of South Pasadena. I understand that if I am accepted, I will be expected to follow a mutually acceptable work schedule and notify my supervisor promptly if I am unable to work as scheduled. I also understand that I will be expected to perform my assigned tasks in a businesslike and efficient manner.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

For Office Use Only

Date Received	Contacted	Interview/In-Service Training

