

# Volunteer Application – Wildomar Community Parks Funding Measure Citizen’s Oversight Advisory Committee

City of Wildomar  
23873 Clinton Keith Rd Ste. 201  
Wildomar, CA 92595  
951.677.7751 (phone)  
951.698.1463 (fax)  
pwillette@cityofwildomar.org

VOLUNTEER APPLICANT INFORMATION		
Last Name: _____	First Name: _____	MI: _____
Address: _____	City: _____	Zip Code: _____
Home: _____	Cell Phone: _____	
Email Address: _____		

QUESTIONNAIRE		
Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have a valid driver’s license? <input type="checkbox"/> Yes, Number: _____ <input type="checkbox"/> No		
Social Security Number: _____		
Have you ever been convicted of any violation of the law (other than traffic violations)? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, please explain on a separate page)</small>		
What type of Volunteer Experiences Have You Had? _____ _____ _____		
Education, Credentials, Parks & Recreation and Accounting Experience: _____ _____ _____		
Public Communication Experience: _____		
Project Leadership Skills/Experience: _____		
Computer Skills: _____		
Other Relevant Skills/Information: _____		

CITY USE ONLY		
REQUESTED BY: _____	/ /	_____
<i>Department Manager Signature</i>	<i>Date</i>	
APPROVED BY: _____	/ /	_____
<i>HR Manager Signature</i>	<i>Date</i>	

# Volunteer Acknowledgement

## VOLUNTEER CODE OF CONDUCT

As a volunteer I will:

- Perform only those assigned tasks that are within my physical capability and will not undertake any tasks that are beyond my physical capability or ability.
- Not undertake to operate or use vehicles, equipment or tools that I am unfamiliar with or have not been trained to operate properly and safely, and have not received specific authorization to use from my supervisor.
- Observe all safety rules and use provided safety equipment in the performance of my assigned tasks.
- Treat everyone with respect, patience, integrity, courtesy, and dignity.
- Not use profanity, or make humiliating, ridiculing, threatening, or degrading statements.
- Return all City equipment and identification upon request or at end of assignment.

## VOLUNTEER ACKNOWLEDGEMENT AND WAIVER

As a Volunteer, I understand that:

- I give the City of Wildomar permission to conduct a thorough background check on me, which may include a review of sex offender registries, criminal history records, and law enforcement records. I understand that volunteer positions may be conditional upon favorable background information as determined by the City of Wildomar.
- The City of Wildomar is not obligated to provide me with a volunteer placement. I also understand that I am not obligated to accept the volunteer position offered.
- Volunteers are expected to immediately inform us if they are unable or unwilling to perform a requested task. Physical requirements of tasks may involve sitting, standing, walking, stooping, kneeling, climbing, talking, listening, reading, handling (lifting, pushing, pulling), objects, handling heavy objects, operation tools, operating power tools, operating vehicles.
- Volunteer positions are charitable contributions to the City of Wildomar without compensation or benefit of any kind or consideration of future employment.
- I have the obligation to notify my supervisor of an injury incurred while volunteering.
- I agree to be subjected to the policies and procedures of the City of Wildomar.
- I am not an employee of the City of Wildomar.
- The City of Wildomar reserves the right to terminate my volunteer status at any time.

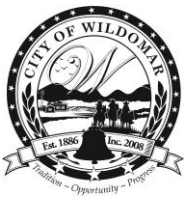
## VOLUNTEER CONSENT

Your signature below indicates that you have read each of the above items and you agree to be bound by them.

\_\_\_\_\_  
*Applicant Name (print)*

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Date*



**Wildomar Community Parks Funding Measure Citizen's  
Oversight Advisory Committee  
Supplemental Questionnaire**

PRINT NAME: \_\_\_\_\_

**PLEASE TYPE OR PRINT LEGIBLY**

This Supplemental Questionnaire will be a tool in the evaluation of your qualifications for this position. Please answer each question in sufficient detail so that we can understand precisely what your **qualifying** experience and accomplishments have been.

**A Supplemental Questionnaire is required for Wildomar Community Parks Funding Measure Citizen's Oversight Advisory Committee appointments. Your application will not be considered complete without submittal of both forms.**

Please use the space provided for your response. If more space is necessary, one additional page per question may be attached.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1. Have you participated in local government as a committee member, commissioner, council member, or staff? What was your role and what did you learn from it?

2. What is your understanding of the role and responsibilities of the Wildomar Community Parks Funding Measure Citizen's Oversight Advisory Committee

3. Why did you apply for the Wildomar Community Parks Funding Measure Citizen's Oversight Advisory Committee and what do you hope to accomplish by your participation?

4. What qualities or experience would you bring that would be an asset to the Wildomar Community Parks Funding Measure Citizen's Oversight Advisory Committee?

5. What is your experience with governmental accounting?

Is there an advantage of line item budgeting verses a zero based budgeting? Please describe.

6. What is your experience with governmental or nonprofit audits?

7. What is your experience with vendor selection and contract review in the public sector?

8. What is your experience in park maintenance?

What is your standard level of service for maintenance?

9. What is your experience in Recreation Programs?

10. What do you feel are some of the key issues facing City parks in the next 5 to 10 years?

11. Describe your goals as part of the Wildomar Community Parks Funding Measure Citizen's Oversight Advisory Committee.