

Volunteer Application

WILDOMAR MEASURE AA

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)

VOLUNTEER APPLICANT INFORMATION

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

QUESTIONNAIRE

What type of Volunteer Experiences Have You Had?

Education, Credentials, Government Finance/ Accounting/Auditing Experience:

Public Communication Experience:

Project Leadership Skills/Experience:

Knowledge of Police, Fire, Street Maintenance and Homelessness needs, services and costs:

Other Relevant Skills/Information:

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.

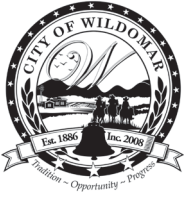
VOLUNTEER CONSENT

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 MEASURE AA
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 Measure AA Citizens' 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

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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 Measure AA Citizen's Oversight Advisory Committee?

3. Why did you apply for the committee and what do you hope to accomplish by your participation?

4. What qualities or experience would you bring that would benefit the Wildomar Measure AA Citizen's Oversight Advisory Committee?

5. What is your experience with governmental service costs (Police, Fire, Street Maintenance, Homelessness or other recurring City Services)?

6. What is your experience with governmental financial reports and/or audits?

7. Describe your goals and/or interest in being a member of the Committee.