CITY OF CORONA
LIBRARY AND RECREATION SERVICES
400 S. VICENTIA AVE.
951-736-2241
FAX: 951-279-3683

Volunteer Coach Application

Name: _____ Mailing Address: _____

Contact Info : (H):_____(CELL): _____ City, Zip Code: _____

We will be giving out your phone number to your players' parents, which number would you prefer that we give out?

HOME CELL BOTH

Email Address:_____

Indicate Which Division You Would Like to Coach

Basketball : (Please circle all that apply) **Winter Season 2016**

Division (s) - Rec C B A

Players Information

Name (s) of the players who are direct family members and need to be placed on your team (if applicable): 1. _____ 2. _____	Name of Assistant Coach (if any)_____	
	Assistant Coach's children who need to be on the team:	1 _____
		2:_____

Supplemental Questions

1. In your words, briefly describe what the most important aspect of coaching is:

_____

2. Briefly explain your motivation for coaching:

_____

_____

For office use only: Finger prints ☐

CITY OF CORONA
VOLUNTEER APPLICATION

HUMAN RESOURCES - 400 S. VICENTIA AVE. CORONA, CA 92882 SUITE # 155
PHONE: (951) 736-2209 WEBSITE: www.DiscoverCorona.com

IT IS THE APPLICANT'S RESPONSIBILITY TO PROVIDE ALL INFORMATION REQUESTED

POSITION YOU ARE APPLYING FOR VOLUNTEER SOCIAL SECURITY NUMBER

(PRINT OR TYPE) LAST NAME FIRST MI

MAILING ADDRESS NUMBER CITY STATE ZIP

AREA CODE CELL PHONE # AREA CODE HOME PHONE # AREA CODE OTHER PHONE #

E-MAIL ADDRESS

List below the times you are available to Volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

DRIVER'S LICENSE

NUMBER AND STATE	
EXPIRATION DATE	

Are you volunteering for school credit? ☐ **Yes** ☐ **No**

Volunteering with a club or organization? ☐ **Yes** ☐ **No**

If yes, what club? _____ Contact Name & Number: _____

Check the positions below in which you have an interest:

_____ Adventure Day Camp (seasonal) _____ Special Events

_____ After-School Program Tutor _____ Senior Center

_____ Youth Basketball Scorekeeper/Referee _____ Youth Sports Coach

EDUCATION

HIGH SCHOOL NAME:_____

Did you graduate from High School or receive your GED? YES ☐ NO ☐

Name of Schools Attended Colleges/Trade	Semester or Quarter (Units Completed)		Major (Do not Abbreviate)	Did you Graduate?
				YES / NO
				YES / NO
				YES / NO

PROFESSIONAL SKILLS

Summarize special professional training, hobbies and knowledge acquired from previous employment or other experience that would help us assess your qualifications. (Example: Computer Skills, Certificates, Volunteer Programs, School Activities, Bilingual, etc.).

APPLICANT MUST COMPLETE

Have you ever plead "guilty", "no contest" or been convicted of any criminal offense, other than a minor traffic violation? NOTE: A conviction is not an automatic bar to employment as each case will be considered on its own merit.

OFFENSE	PLACE	DATE	PENALTY

Have you ever been fired, dismissed, terminated, or had an employment contract terminated from any position for performance or for disciplinary reasons?	(CIRCLE ONE) YES / NO
If the answer is "yes to the above, please explain:	
Have you ever been refused participation in any other volunteer program?	(CIRCLE ONE) YES / NO
If the answer is "yes to the above, please explain:	

EXPERIENCE

1) List previous/current volunteer experience for the last ten years beginning with your most recent.

2) Additional sheets may be attached if necessary. Be specific in detailing Title, Dates, Hours & Description of Duties.

Title: _____ Organization Name, Address & Phone #	Duties: _____
Supervisor _____ Dates: From _____ to _____ Hours worked per week: _____	Reason For Leaving:
Title: _____ Organization Name, Address & Phone #	Duties: _____
Supervisor _____ Dates: From _____ to _____ Hours worked per week: _____	Reason For Leaving:
Title: _____ Organization Name, Address & Phone #	Duties: _____
Supervisor _____ Dates: From _____ to _____ Hours worked per week: _____	Reason For Leaving:

Please list three references, aside from family members, at least one that has knowledge of your participation in a volunteer program.

Name:	Nature of Relationship:	Phone:

I hereby certify that all information contained in this application is true and complete. I also understand that the information I have provided will be verified by the City, and that any false statement, omission, or incomplete information may be cause for rejection of my application or discharge from my volunteer assignment. I understand that any volunteer assignment is contingent upon my meeting background screening standards established for this position. I also understand that regardless of previous appointments the City is not obligated to appoint me to a volunteer position.

SIGNED: _____ DATE: _____

UNDER 18 YEARS OF AGE MUST HAVE A PARENT OR GUARDIAN SIGN

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____

PRINT PARENT NAME: _____ PARENT PHONE NUMBER: _____

CITY OF CORONA

VOLUNTEER RELEASE FORM
(WAIVER OF LIABILITY)

I_____(name) have agreed to volunteer my services to the City of Corona **Library and Recreation Services Department.** I am fully aware of all the risks associated with the work I will be assigned and acknowledge that I am physically fit and able to perform the work that is assigned me by the **Library and Recreation Services Department.** If I do not feel that I am capable of performing the work assigned me, I will inform the Department Supervisor. I further understand that the City and its various departments provide no compensation for my services and that I am not entitled to any benefits from the City, including but not limited to, workers' compensation.

I HEREBY ACKNOWLEDGE, UNDERSTAND AND AGREE to defend, indemnify, save and hold free and harmless the City and its officials, officers, employees, volunteers and agents from any and all liability from loss, damage, cost or injury, including wrongful death, to any property or persons, including third parties, in any manner arising out of or incident to any acts, omissions or willful misconduct of me while I participate in the volunteer activities, whether or not while using City equipment, supplies and apparatus, including without limitation the payment of attorneys' fees. Further, I shall defend at my own expense, including attorneys' fees, the City and its officials, officers, employees, volunteers and agents in any action or proceeding, legal, administrative or otherwise, based upon such acts, omissions or willful misconduct. I agree to accept and assume full responsibility for any and all risks of dam- age, injury, or death resulting to me while participating in the volunteer activities, whether or not while using City equipment, sup- plies and apparatus, whether the risks are known or unknown to me. _____ (Initial)

I HEREBY ACKNOWLEDGE, UNDERSTAND AND AGREE, in consideration for the City allowing me to participate in the volunteer activities, that I, my personal representatives, heirs, next-of-kin and assigns (collectively the "Releasers") hereby release, waive, discharge and covenant not to sue the City and its officials, officers, employees, volunteers and agents from and for any and all liability for any loss or damage to me or the other Releasers, and from and for any claim or demands therefore on account of injury to the person or property of me or the other Releasers, including death, whether caused by the negligence of me, the City, other participants in the volunteer activities, or anyone else while I participate in the volunteer activities, whether or not using City equipment, supplies and apparatus, whether the risks are known or unknown to me. _____ (Initial)

I HEREBY ACKNOWLEDGE, UNDERSTAND AND AGREE that I have read and voluntarily sign this release, waiver and indemnity certification, further agree that no oral representations, statements or inducements apart from the foregoing written certification have been made, and further agree this release, waiver and indemnity certification shall be binding on me and my personal representatives, heirs, assigns and next-of-kin. I further acknowledge, understand and agree that I am age 18 or older, and that I will strictly abide by all safety requirements and other instructions given to me by any and all City personnel and/or training instructors during my participation in the Training. _____ (Initial)

I HAVE CAREFULLY READ, UNDERSTAND, ACKNOWLEDGE AND AGREE TO THIS RELEASE OF LIABILITY. I UNDERSTAND THAT I AM GIVING UP VALUABLE LEGAL RIGHTS BY SIGNING THIS FORM. I HAVE AGREED TO SIGN THIS CERTIFICATION OF MY OWN FREE WILL. I UNDERSTAND THAT I MAY SEEK THE ADVICE OF AN ATTORNEY IN ANY MATTER CONNECTED WITH THIS FORM BEFORE SIGNING.

Print Name: _____ Date: _____

Signature:_____

CITY OF CORONA
Inquiry Release

In connection with my application with the CITY OF CORONA, I understand that investigative background inquiries may be made on myself including; but not limited to previous employer verifications, education verification, consumer credit reports, criminal convictions or history, motor vehicle reports, Social Security trace reports, and other reports. These reports may include reasons for termination of past employment from previous employers. Further, I understand that CITY OF CORONA and/or its authorized agent may be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal civil, and other experiences; and may include information involving me in the files of insurance companies.

I hereby authorize, without reservation, any party or agency contracted by the CITY OF CORONA, ABI., and their employees or assigns from any and all claims, actions, suits, agreements, or liabilities arising from the release of said information to CITY OF CORONA or any authorized agent thereof.

NOTE: Before signing this document, read it thoroughly and complete all requested information. If not applicable, indicate by drawing a line through the section.

I HAVE READ AND UNDERSTAND THE ABOVE NOTICE.

Signature:_____ Date:_____

PRINT NAME:_____
First MI Last

Mailing Address:_____

City, State and Zip Code:_____

Telephone Number: (including area code)_____

Birth Date:_____SS#_____Driver's License#_____

G:\orientat\ABIrelease

STATE OF CALIFORNIA
BCIA 8016
(orig. 04/2001; rev 01/2011)

DEPARTMENT OF JUSTICE

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

A1622
ORI (Code assigned by DOJ)

VOLUNTEER
Authorized Applicant Type

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

CITY OF CORONA
Agency Authorized to Receive Criminal Record Information

19995
Mail Code (five-digit code assigned by DOJ)

400 S. VICENTIA AVE
Street Address or P.O. Box

CAROLINA TORRES
Contact Name (mandatory for all school submissions)

CORONA
City

CA
State

92882
ZIP Code

(951) 736-2372
Contact Telephone Number

Applicant Information:

Last Name

First Name

Middle Initial

Suffix

Other Name (AKA or Alias) Last

First

Suffix

Date of Birth

Sex ☐ Male ☐ Female

Driver's License Number

Height

Weight

Eye Color

Hair Color

Billing Number 140425
(Agency Billing Number)

Place of Birth (State or Country)

Social Security Number

Misc. Number
(Other Identification Number)

Home Address Street Address or P.O. Box

City

State

ZIP Code

Your Number: VOLUNTEER
OCA Number (Agency Identifying Number)

Level of Service: ☒ DOJ ☒ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number

Employer (Additional response for agencies specified by statute):

Employer Name

Mail Code (five digit code assigned by DOJ)

Street Address or P.O. Box

City

State

ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

CITY OF CORONA
Transmitting Agency

662
LSID

ATI Number

Amount Collected/Billed

ORIGINAL - Live Scan Operator SECOND COPY - Applicant THIRD COPY (if needed) - Requesting Agency

CITY OF CORONA

Volunteers / ROP Students

Assignment & Emergency Contact Form

Volunteer Name: _____

Department assigned to: _____ Supervisor: _____

Work Assignment: _____

Start Date: ____/____/____ Work hours: _____ Days of the week: M T W TH F S

Anticipated Length of Assignment: _____

Emergency Contact Information: Please list one person that we can contact in cas of an emergency.

Name: _____ Relationship: _____

Home Phone ( ) _____ - _____ Cell or Work Phone ( ) _____ - _____

Mailing Address: _____ _____ _____ _____
Street City State Zip

E - Mail Address _____ @ _____

NOTE: If this volunteer will be driving a City vehicle or their own vehicle for city business, they must complete the information below. Supervisor must intitial to confirm that volunteer will be driving.

DRIVER'S LICENSE

NUMBER & STATE _____

EXPIRATION DATE ____/____/____

_____
Supervisor's Initial's

Volunteer Signature _____ **Date** _____

Supervisor's Comments: _____

_____

_____

_____

ONLY REQUIRED IF VOLUNTEER WILL BE DRIVING A CITY VEHICLE OR OWN VEHICLE FOR CITY BUSINESS

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES

A Public Service Agency

EMPLOYEE PULL NOTICE PROGRAM

AUTHORIZATION FOR RELEASE OF DRIVER RECORD INFORMATION

I, _____, California Driver License Number, _____, hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving record, to my employer, _____
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension, revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code (CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE OF EMPLOYEE X _____

I, _____ (AUTHORIZED REPRESENTATIVE), of _____ (COMPANY NAME)

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am requesting driver record information on the above individual to verify the information as provided by said individual. This record is to be used by this employer in the normal course of business and as a legitimate business need to verify information relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five thousand dollars ($5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY _____ COUNTY _____ STATE _____

DATE _____ SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE X _____

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND **RETAINED AT THE EMPLOYER'S PRINCIPLE PLACE OF BUSINESS** ***AND*** MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO ***NOT*** RETURN THIS FORM TO DMV.