



Community Services Department

14000 City Center Drive, Chino Hills, CA 91709

(909) 364-2700 Fax (909) 364-2725

Website address: www.chinohills.org

VOLUNTEER APPLICATION

Thank you for your interest in the City of Chino Hills' Volunteer Service Program. Please fill out this form with all applicable information. Knowing your skills, interests, and available hours will help us determine the best assignment for you.

Name: _____
Last First Middle

Address: _____ City: _____ St: _____ Zip: _____

Telephone: Home (____) _____ Cell (____): _____

E-mail address: _____

Type of preferred volunteer service: _____

What are your special skills? _____

Interests and Hobbies: _____

Days of week available: S M T W TH F S Hours: From _____ to _____

S M T W TH F S Hours: From _____ to _____

S M T W TH F S Hours: From _____ to _____

S M T W TH F S Hours: From _____ to _____

Current Position (employed, retired, student, homemaker, etc.): _____

Previous Work Experience: _____

Previous Volunteer Work: _____

How did you hear about the City's Volunteer Service Program? _____

Driver's License Number: _____ Do you have Liability Insurance? _____

Auto Insurance Company: _____ Policy No. _____

Emergency Contact Name: _____ Phone: (____) _____

Signature of Applicant

Date

Signature of Guardian (if under 18)

Date