

City of Fresno Department of Parks and Recreation

**VOLUNTEER QUESTIONNAIRE**

Date\_\_\_\_\_

Name\_\_\_\_\_ Birthdate\_\_\_\_\_ Soc.Sec.No.\_\_\_\_\_

Address\_\_\_\_\_ Zip\_\_\_\_\_ Phone\_\_\_\_\_

**EDUCATION**

High School Attended\_\_\_\_\_ Yr. Graduated\_\_\_\_\_

College/Univ. Attended \_\_\_\_\_ Yr.

Graduated\_\_\_\_\_

Major\_\_\_\_\_ Minor\_\_\_\_\_ Degree(s)\_\_\_\_\_

Is your volunteer time a fulfillment of a course requirement?\_\_\_\_\_

If so, what course and school?\_\_\_\_\_

**EXPERIENCE**

Have you ever volunteered for this department before?\_\_\_\_\_ When?\_\_\_\_\_

Which Area/Program\_\_\_\_\_

What experience do you have working with special populations?\_\_\_\_\_

Areas of interest\_\_\_\_\_ Special Skills\_\_\_\_\_

Do you prefer working with Youth\_\_\_\_\_ Adults\_\_\_\_\_

**AVAILABILITY, LIST TIMES**

Mon\_\_\_\_\_ Tues\_\_\_\_\_ Wed\_\_\_\_\_ Thurs\_\_\_\_\_ Fri\_\_\_\_\_ Sat (spec. events)\_\_\_\_\_

How long do you plan to volunteer?\_\_\_\_\_

**IN CASE OF EMERGENCY**

(Please Notify) Name\_\_\_\_\_

Relationship\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone\_\_\_\_\_

**PHYSICAL LIMITATIONS**

Please list, if applicable\_\_\_\_\_

Starting Date \_\_\_\_\_ Applicant's Signature\_\_\_\_\_

