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CITY OF PLYMOUTH
AMBASSADOR APPLICATION
 9426 Main St. P O Box 429 Plymouth, CA 95669
 (209) 245-6941

Date: _____

CONTACT INFORMATION

Full Name:	<input type="radio"/> Street Address:
Phone:	<input type="radio"/> P. O. Box Address
<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Best time to call:	Email Address:
Age: _____	
Over 18 _____ Yes / No	

SKILLS AND BACKGROUND

Current Occupation:	Place of Employment:
Previous Volunteer Experience:	Special Training/Skills/Certifications:
Drivers License Number:	Languages Spoken:
Do you own a vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes, Insurance Co.:	
If attending school, please provide name of school:	Highest Grade Completed: Degree/Major:

AMBASSADOR VOLUNTEER INTERESTS

What types of volunteer projects interest you?	How long are you available to volunteer? <input type="checkbox"/> Special Projects Only <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Ongoing Other:
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Please indicate days/times you are available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Do you have any friends or family members who work for the City? If so, please provide their name and position:

Name: _____	Position: _____	<input type="checkbox"/> Friend <input type="checkbox"/> Family
Name: _____	Position: _____	<input type="checkbox"/> Friend <input type="checkbox"/> Family
Name: _____	Position: _____	<input type="checkbox"/> Friend <input type="checkbox"/> Family

AMBASSADOR APPLICATION

City of Plymouth

REFERENCES

Please provide two references (not related to you):

Name: _____ Phone: _____ Years Known: _____

Name: _____ Phone: _____ Years Known: _____

EMERGENCY CONTACTS

(Minors must list at least one parent or guardian)

Full Name: Relationship to you:	Address:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Full Name: Relationship to you:	Address:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

Have you ever been convicted of any misdemeanor or felony? No Yes, please explain: _____

REVIEW AND ACKNOWLEDGE

Initials

I understand all ambassador volunteers are subject to a screening process that may include but is not limited to: fingerprinting, background check, credit check, driving record review, interview, and contacting references. I understand I have the right to refuse any of these screening processes, but in doing so may become ineligible for volunteer opportunities.

I understand that as an ambassador volunteer I will not be paid for my services beyond reimbursement for incidental expenses related to the assignment (i.e. mileage reimbursement).

I understand that my selection as an ambassador volunteer is dependent on my review of the job description and ability to perform the essential functions, duties, and responsibilities of the assignment.

I understand that I may not begin an assignment until orientation has been completed and all requested paperwork has been submitted including but not limited to: Release of Liability, Acknowledgement of Workers' Compensation Benefits, Consent to Background/Credit Check and Information Release, Affidavit of Criminal History, and Proof of Insurance.

I understand that if using my personal vehicle, the City is not liable for any damage unless caused by the City's sole negligence. In the event of an accident, it is my responsibility to immediately notify my ambassador volunteer supervisor, Department of Motor Vehicles, and my insurance company.

I understand as an ambassador volunteer I am subject to the rules, policies, and regulations of the City. I further understand that as an ambassador volunteer, I may be dismissed at any time, with or without notice or cause.

Applicant Signature:

Parent/Guardian Signature (if applicant is a minor):

Print Name: _____

Print Name: _____