





Mariposa's Art, A program of the Cultural Cultural Council of Santa Cruz County  
 1101 Pacific Avenue Suite 320 | Santa Cruz, CA 95060

**Volunteer Application**

Time of day \_\_\_\_\_  
 Day of week \_\_\_\_\_  
 How often per month? \_\_\_\_\_

Describe any previous volunteer experience:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a crime for other than minor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, explain \_\_\_\_\_

**EDUCATION**

	Name & address of School	Major	Last Year	Graduate
ELEMENTARY			5 6 7 8	Yes NO
HIGH SCHOOL			9 10 11 12	Yes NO
COLLEGE			1 2 3 4	Yes NO
OTHER			1 2 3 4	Yes NO

**EMPLOYMENT RECORD**

\_\_\_\_\_  
 Name and address of Employer (Most recent)

\_\_\_\_\_  
 Immediate Supervisor (Name and Position)

\_\_\_\_\_  
 Date hired

\_\_\_\_\_  
 Job Title and Description of Duties

\_\_\_\_\_  
 Date left

\_\_\_\_\_  
 Reason for Leaving

\_\_\_\_\_  
 May we contact this employer?



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Name and address of Employer (2<sup>nd</sup> most recent)

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Immediate Supervisor (Name and Position)

Date hired

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Job Title and Description of Duties

Date left

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Reason for Leaving

May we contact this employer?

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Name and address of Employer (3<sup>rd</sup> most recent)

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Immediate Supervisor (Name and Position)

Date hired

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Job Title and Description of Duties

Date left

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Reason for Leaving

May we contact this employer?

Have you ever held a position of trust (handling money or confidential material) Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, where?

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If Yes, when?

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Have you ever been discharged from a job? \_\_\_\_\_ Explain? \_\_\_\_\_

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**REFERENCES**

Please provide three personal or professional references:

Name	Relationship	Phone Number	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Service in U.S. armed forces

Have you ever served in the U.S. Armed Forces? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, branch \_\_\_\_\_

Date Earned \_\_\_\_\_ Date Discharged \_\_\_\_\_

**AGREEMENT AND CERTIFICATION**

I certify that the information given by me in this application is true in all respects. I agree that if I am employed and it is found to be false in any way that I may be subject to immediate dismissal. I authorize the use of any information in this application to verify my statements, and I authorize my past employers, all references and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information. I agree, if employed, that I will: (a) work faithfully and diligently, (b) be careful and avoid accidents, (c) come to work promptly, (d) submit to a physical examination whenever reasonably requested by the Company, and (e) observe all present and subsequently issued personnel policies and rules of the Company. I understand that the Company's rules and policies are intended to guide the Company in its relationship with its employees and that the Company may revise its policies or procedures, in whole or in part, at any time, with or without notice. I understand that the rules and policies of the Company are not a contract or guaranty of employment. I acknowledge and agree that, if hired, I will not have a contract of employment with the Company, and that either the Company or I may terminate the employment relationship at any time.

Signature of Applicant: \_\_\_\_\_

Date



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**CRIMINAL RECORD CHECK**

Social Security No: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Maiden Name and/or Aliases (if applicable):  
\_\_\_\_\_

Driver's License Number:  
\_\_\_\_\_

Please read before signing:  
Mariposa's Art, a program of the Cultural Council of Santa Cruz County, appreciates your interest in becoming a volunteer to a participant in our program. By, signing below, you attest to the truthfulness of all information submitted on this application. You agree to allow Mariposa's Art to confirm all information listed and to conduct all reference and background checks listed in this application.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date