To all interested Volunteers:

On behalf of the staff at the City of Carmel-by-the-Sea, we thank you for your interest in our volunteer program.

We believe that volunteering gives people an opportunity to change lives, others as well as your own. It’s estimated that in 2007, 6.3 million volunteers dedicated 877.9 million hours of service valued at more than $17 billion to the California economy.

We feel very lucky that you have chosen the City of Carmel-by-the-Sea.

Attached is our Volunteer Application Form. Please answer all questions on the application thoroughly. A complete application will allow us to promptly process your request to become a Volunteer with the City. When complete, please return your application to our office at the City Hall Offices on Monte Verde between Ocean & 7th Street.

Volunteering takes many forms and is performed by a wide range of people. After review of your completed application, we will be contacting you to see how you can best serve the City of Carmel-by-the-Sea.

Thank you again for your interest!
City of Carmel-by-the-Sea
Volunteer Application
EOE

I’m applying as Volunteer
With the ____________ Dept.
Full time (    )
Part time (    )
Seasonal (    )

PLEASE PRINT

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>Best Phone Contact #</th>
</tr>
</thead>
</table>

Address                                                                 City                                State                    Zip

Why are you interested in volunteering with the City of Carmel-by-the-Sea?

Have you ever volunteered before? Please detail your experience (organization/supervisor/duties assigned).

When are you available to volunteer?
Monday_________       Tuesday__________       Wednesday _________       Thursday__________       Friday__________

Hours per week (#)__________     Times Available:  Morning__________     Afternoon_______      Evening_______

Are you currently employed:  Yes (    )  No (    )
If Yes, may we contact your supervisor  Yes (   )  No (    )
If Yes, please provide:
Job Title_____________________________________  Name & Phone of Supervisor__________________________________

What Computer programs can you operate proficiently?

What are your hobbies or special interests?

Circle Last year completed for:        Elementary:    1  2  3  4  5  6  7  8             High School:    1  2  3  4        College:    1  2  3  4
Degree:_____ Major:____ Minor _____ School:_________________________ Specialty/Trade School:_________________________.

ADDITIONAL INFORMATION

All individuals age 18 years and older, working in law enforcement or any position that is sensitive (involving children or confidential material) to be fingerprinted.  Do you authorize the completion of a Live Scan Fingerprint? (     ) Yes   (     ) No

Are you legally authorized to work in the United States?                                                                                  (     ) Yes   (     ) No
Note:  If selected for a volunteer assignment, you will be required to show proof of legal right to work in the United States

Have you ever been convicted of a misdemeanor or felony, been on parole or probation?                             (     ) Yes  (     ) No
If Yes, please explain (a conviction will not necessarily result in denial)

List all other languages besides English that you speak fluently.

CERTIFICATE OF APPLICANT

I certify that the information I have provided is true, complete and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would if disclosed subject me to disqualification or dismissal. I understand any or all information on this application is subject to verification by the City of Carmel-by-the-Sea. By signing below, I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me. If hired as a Volunteer, I agree to hold in strictest confidence any information concerning the City of Carmel-by-the-Sea, its insured, and its agents which may come to my knowledge.

Signature __________________________________________________________  Date _______________________
REFERENCES
Please provide three non-family members who can provide references on your ability to perform this volunteer position.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Address:</th>
<th>Phone:</th>
<th>Years known:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

EMERGENCY CONTACT

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Relationship</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FINGERPRINTS
The City of Carmel-by-the-Sea is required by law to have all individuals age 18 years and older, working in law enforcement or any position that is sensitive (involving children or confidential material) to be fingerprinted. If you are applying as a volunteer in any of these areas, you are required to complete a background check via Live Scan fingerprint.

LIVE SCAN services are available at the Carmel Police Department and will be paid by the City of Carmel-by-the-Sea.

Please indicate you understand the importance of this law and authorize the completion of a Live Scan background check.

Authorization Signature ______________________________________  Date ____________________________

CITY OF CARMEL-BY-THE-SEA DECLARATION
The City of Carmel-by-the-Sea prohibits discrimination against or harassment of any employee/volunteer or seeking employment/volunteer position with the City on the basis of race, color, national origin, religion, sex, gender identity, pregnancy, physical or mental disability, medical condition (cancer-related or genetic characteristics), ancestry, marital status, age, sexual orientation, citizenship, or service in the uniformed services (as defined by the Uniformed Services Employment and Reemployment Rights Act of 1994).

City policy also prohibits retaliation against any employee/volunteer or person seeking employment/volunteer position for bringing a complaint of discrimination or harassment pursuant to this policy, or against a person who assists someone with a complaint of discrimination or harassment, or who participates in any manner in an investigation or resolution of a complaint of discrimination or harassment.

The City of Carmel-by-the-Sea is an affirmative action/equal opportunity employer. The City undertakes affirmative action to assure equal employment opportunity for minorities and women, for persons with disabilities, and for covered veterans.

CERTIFICATE OF APPLICANT
I certify that the information I have provided is true, complete and correct to the best of my knowledge. I have not knowingly withheld any fact or circumstance that would if disclosed subject me to disqualification or dismissal. I understand any or all information on this application is subject to verification by the City of Carmel-by-the-Sea. By signing below, I authorize you to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me. If hired as a Volunteer, I agree to hold in strictest confidence any information concerning the City of Carmel-by-the-Sea, its insured, and its agents which may come to my knowledge.

Signature ______________________________________  Date ____________________________