



PALMDALE  
*a place to call home*

Office of the City Clerk  
38300 Sierra Highway, Suite C  
Palmdale, CA 93550  
(661) 267-5151

Housing Authority/Volunteer Application

The City of Palmdale is an equal opportunity employer and does not discriminate in hiring or employment upon any basis prohibited by law, including race, color, creed, religion, age, sex (including pregnancy, childbirth and related medical conditions), cancer, national origin, genetic characteristics, genetic information, ancestry, sexual orientation, gender, gender identity, gender expression, marital status, veteran status, disability, or any other basis protected by applicable law. None of the questions or information sought in this application are intended to discriminate based upon any status protected by law. If you need reasonable accommodation in completing this application, or in any other part of the application process, please contact the City Clerk's Office at 661/267-5151.

Housing Authority Information:

Please Print or Type

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Why are you interested in this position? \_\_\_\_\_

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Considering your previous experience and activities in business, labor, professional, social or other organizations, indicate what you feel are the most important experiences and abilities that qualify you for this position. \_\_\_\_\_

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Have you had previous public service experience on a commission or public body? If so, indicate the public agency, title of position, and duties. \_\_\_\_\_

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What do you hope to accomplish as a Housing Authority Member? \_\_\_\_\_

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Do you, your family member, or other connection who have a business at the property where you are a tenant, a business that receives a profit from the property where you are a tenant? Do you have a relationship (family member or other connection) with a vendor who receives a profit in the property where you are a tenant? If so, please explain.

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Are you a tenant in good standing at your residence? If not, please explain.

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In your opinion, what is the goal of the Housing Authority and what benefit does it provide to the City of Palmdale? \_\_\_\_\_

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List your education, highest year completed, and degrees, if any? \_\_\_\_\_

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If you wish, you may attach a copy of your resume to this application.

Please return the completed application to the City Clerk, 38300 Sierra Highway, Suite C, Palmdale, CA 93550. For additional information, you may call (661) 267-5151.

Signed: \_\_\_\_\_

**VOLUNTEER INFORMATION:**

**REASONABLE ACCOMMODATIONS:** Based on your understanding of the Volunteer Program, will you require any special accommodations to apply and/or participate as a volunteer? \_\_\_ Yes \_\_\_ No  
If yes, what reasonable accommodations would be necessary to assist you in this area?

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Foreign Languages: \_\_\_\_\_  Speak       Read       Write  
\_\_\_\_\_  Speak       Read       Write

Specialized training/skills: \_\_\_\_\_

Computer Skills:

- Word                       Photoshop                       Excel                       Adobe Creator
- Access                       PowerPoint                       Publisher                       Other: \_\_\_\_\_

Is any or all of your volunteer time to be credited toward a project, certification or degree program for a school, community organization or religious program? \_\_\_ No \_\_\_ Yes, please list \_\_\_\_\_

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Previous Volunteer/ Work Experience as it relates to your volunteer interests: \_\_\_\_\_

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***In Case of Emergency:***

Whom should we notify? \_\_\_\_\_

Name Relationship to Applicant

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have any medical history that we should be aware of in the event of an emergency? (Allergies, medications, etc.)

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**City of Palmdale  
Volunteer Agreement for Commissions and Boards**

I certify that all statements on this application are true and complete to the best of my knowledge. I hereby authorize the City of Palmdale to investigate any information contained in this application. I understand that as part of the final selection process I will be required to pass a livescan fingerprint scan submission via the California Department of Justice. I understand that information collected during this

background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that such information collected during the check will be kept confidential. I understand that false or misleading statements shall be sufficient grounds for disqualification from the City's Volunteer Program. Further, I understand that as a volunteer, I am offering my services of my own free will without any expectation of compensation, benefits, or insurance of any kind (unless otherwise noted).

I voluntarily agree to participate in this program. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above-named activity, against the supervisor, the City of Palmdale and its elected and appointed officials, agents, and employees.

I hereby agree to the Volunteer Agreement set forth on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Volunteer Signature: \_\_\_\_\_