



PALMDALE
a place to call home

City of Palmdale
Administrative Services
823 East Avenue Q-9, Suite B
Palmdale, CA 93550
(661) 267-5473, Fax (661) 267-5410

VOLUNTEER APPLICATION – GABRIEL’S HOUSE

Name _____ Date _____
Street _____
City _____ State _____ Zip _____
Mailing Address (if different) _____
Home Phone () _____ Work Phone () _____ Cell Phone () _____
E-mail Address _____

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?

BACKGROUND– As part of the final selection process applicants will be required to pass a livescan fingerprint scan submission via the California Department of Justice. The information collected during this background check will be limited to that appropriate to determining suitability for particular types of Volunteer work and such information collected during the check will be kept confidential.

Applicant Age Group: Adult (18-64) Senior (65+)
Education Grade Completed (circle one): 6 7 8 9 10 11 12 College Completed (circle one): 1 2 3 4 5 6 +
Degree(s): _____ Other: _____
Professional Memberships: _____

Foreign Languages: _____ Speak Read Write
_____ Speak Read Write

Specialized Skills:
 Dance Specify: _____ Photography
 Music Specify: _____ Art 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 _____

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

FOR OFFICE USE ONLY:

Received: _____ Fingerprinted: _____

