



SANTEE LAKES RECREATION PRESERVE VOLUNTEER PROGRAM APPLICATION

PADRE DAM
DISTRICT OF CALIFORNIA

Please complete this application in as much detail as possible to enable us to consider your application for participation in the District's volunteer program. Please return this form and supporting documents to **Santee Lakes Recreational Preserve, P. O. Box 719003 Santee, Ca. 92072-9003 or fax to 619-449-4694.**

NAME:			
ADDRESS:			
PHONE NUMBERS WHERE YOU CAN BE REACHED:			
List all residences for seven years prior to this application:			
Date from:	Date thru:	Street Address	City/State/Zip

Have you served as a Santee Lakes volunteer in the past? YES NO If yes, what year? _____

In order to conduct your background check, please provide the following information:

Driver's License number and state (attach a photocopy): _____

Social Security number (attach a photocopy): _____

Year, make, model and size of your motor home or trailer: _____

Check the months and indicate what year(s) 2008 2009 2010 2011 2012

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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Would you be able and willing to work on call as available? YES NO

List any special accommodations which you would require in order to fulfill the duties of a Park Volunteer:

Have you ever been convicted of a crime? YES NO
 (If yes, please attach an explanation to this application)
 (Conviction of a crime does not automatically mean you will not be considered as a participant in our volunteer program.)

Describe the activities you would like to be assigned and previous work experience:

When a position becomes available, you will be scheduled for an interview. If you are accepted, before an offer of participation can be extended, a criminal background check, a DMV (driving record) check and a consumer history check will be conducted. A physical exam which includes a drug and alcohol test will also be scheduled. Thank you for your application and interest in serving as a Santee Lakes Volunteer

Signature of Applicant/Date

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**** Assistance for the Disabled: The District does not discriminate on the basis of disability. If you are disabled and need an accommodation to participate in the selection process, please notify us immediately. ****



AN EQUAL EMPLOYMENT OPPORTUNITY & PARTICIPATIVE MANAGEMENT AGENCY



PADRE DAM
Municipal Water District

**Padre Dam Municipal Water District
9300 Fanita Parkway / P.O. Box 719003
Santee, CA 92072-9003**

**DISCLOSURE TO VOLUNTEER APPLICANT
REGARDING BACKGROUND CHECK TO BE CONDUCTED
PRIOR TO EXTENDING TENTATIVE OFFER OF VOLUNTEER SERVICE**

In connection with your application as a volunteer, please be advised that we will conduct a thorough background check to include, but not limited to:

- Consumer report (credit check)
- Review of driving record to verify insurability under Padre Dam's insurance policy covering on-duty operation of a motor vehicle.
- Criminal background check - Review of Department of Justice records (convictions) will be completed. This may include, but will not be limited to County, State, and Federal jurisdiction records.
- Education and professional license verification.

Data will be obtained via a third party reporting firm, First Advantage Inc. You may reach them at:

First Advantage, Inc. PO Box 550130 Tampa, FL 33655 800-321-4473

A thorough work history background check with prior employers may also be done by Padre Dam's Human Resources Department. This will include a review of all information provided us in your written application, information shared during the course of your oral interview, and a review of job performance, attendance, and co-worker relationships.

The Fair Credit Reporting Act (FCRA) and the Investigative Consumer Reporting Act (ICRA) give you specific rights in dealing with consumer reporting agencies as outlined in the release form on the reverse, a copy of which will be provided to you. You will be notified of any information obtained that may adversely affect any potential offer of volunteer, additionally, you will be provided an opportunity to clarify and respond to same prior to finalization of our selection process. Please indicate below by checking the box provided if you would like to receive a copy of the reports received on you from First Advantage.

Additionally, after the preliminary background check is done, a tentative offer of volunteer status may be extended. Please be advised that, you would be instructed to schedule a drug and alcohol screen (test). The tentative offer of volunteer status would be contingent upon passing the drug and alcohol screening (test).

By your signature below, you hereby authorize us to conduct the above background check in order to consider you for volunteer status.

Applicant's Name: _____

Applicant's Address: _____

City / State / Zip: _____

Signature _____ Date: _____

Social Security Number: _____

Please note: A copy of each report received will be mailed to you at the address listed above. If you wish to receive your reports at a different mailing address, please indicate below:

Alternate mailing address:
