

PLEASE PRINT ALL

INFORMATION REQUESTED EXCEPT SIGNATURE



San Francisco Public Utilities Commission Trail Volunteer Application Form

Please return completed application to:
Gloria Ng at gng@sfwater.org
or mail to:
LRMS Community Liaison, Land & Resources Section
SFPUC-Water Supply and Treatment Division
1657 Rollins Road, Burlingame, CA 94010-2310

OFFICE USE ONY Date received: Reviewed by:

Last Name			First Name			MI	
Date of Birth							Gender: Male Female
Home Address			City		Zip Code		Home Phone Number/w area code
Drivers License Number			State				Expiration Date
Employer	r Occupat		on		Email Address		Business Phone Number
Local Emergen	cy Contact Person				Relationship		Telephone Number w/area code
Education			High School				College/University
School Name							
Diploma/Degree							
Course of Study							
Have you ever been convicted of a felony or a misdemeanor , or have you ever pleaded no contest to any criminal charges? Yes No Please describe violation or offense. Provide date, city, state and explanation for any yes response:							
All volunteer applicants are subject to a criminal background check. I am interested in being a volunteer trail leader for:							
Hikes Bicyclists (must provide your own bicycle) Equestrians (must provide your own horse and equipment)							
I am available to volunteer on:							
DAYS	SUNDAY			WEDNESDAY			SATURDAY
HOURS							

I have the following skills and interests:								
Basic First Aid (Certified)	Ornithology/Bird Watching	Recreation for Persons with Disabilities						
CPR (Certified)	Native Plants	Natural Resources Interpretation						
Recreation for Children	Local History	Source Water and Water Quality						
Watershed Wildlife	Watershed Ecosystems	Forestry						
Fire Protection	Education Programs	☐ Other						
Recreation for Seniors	Hydrology							
☐ Information & Public Contact	Geology							
Please describe any additional work skills, interests and hobbies: (i.e. Foreign Language, Native American Studies, GIS/GPS)								
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Personal Reference								
Name	Address	Relationship Phone number						
Name	Address	Relationship Phone number						

Commitment Statement

I HEREBY CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE, INCOMPLETE, OR INCORRECT STATEMENT, REGARDLESS OF WHEN IT IS DISCOVERED, MAY RESULT IN MY DISQUALIFICATION FROM VOLUNTEER SERVICE WITH THE SAN FRANCISCO PUBLIC UTILITES COMMISSION. I HEREBY AUTHORIZE ALL MY EMPLOYERS AND SCHOOLS (UNLESS OTHERWISE NOTED) TO RELEASE ANY CONFIDENTIAL OR PRIVILEGED INFORMATION. I UNDERSTAND AND AGREE THAT IN THE PERFORMANCE OF MY DUTIES AS A VOLUNTEER AT SFPUC, I MUST ABIDE BY ALL POLICIES AND PROCEDURES. I UNDERSTAND THAT FAILURE TO COMPLY WITH THESE REQUIREMENTS MAY RESULT IN MY DISMISSAL AS A VOLUNTEER.

Signature of Applicant:_____

For more information about volunteer opportunities with the SFPUC's Land and Resources Management Section, please contact the LRMS Community Liaison, at 650-652-3203