



City of Pacific Grove
300 Forest Avenue
Pacific Grove, CA 93950
(831) 648-3176

Point Pinos Lighthouse **Docent Application Form**

Your contact information:

Name _____

Home Address _____

Work Phone _____ Home Phone _____

Email: _____

Availability:

On which days of the week could you work from 12:45-4:15 pm?

Monday Thursday Friday Saturday Sunday

If you become a volunteer, can you commit to a minimum of one year? No Yes

Why do you want to volunteer? _____

If you have interest or expertise in a subject matter, please describe:

Your current employer (if applicable):

Your Position/Title _____

Employer Name _____

Address _____

Emergency contact information:

Name _____

Home Address _____

Work Phone _____ Home Phone _____

Relationship to you _____

Please complete both sides of this application.

Revised 9/27/11 ju

Background information:

Have you ever been convicted of a crime? No Yes

If yes, please explain the nature of the crime and the date of the conviction and disposition. Conviction of a crime is not an automatic disqualification for volunteer work.

References:

Please list three people who know you well and can attest to your character, skills and dependability.

	Name	Phone Number or Email Address	Length of relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Please read the following carefully before signing this application:

I, _____, choose to participate as a Lighthouse Docent, as a volunteer and understand that my services are donated to the City of Pacific Grove (City) without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons. I understand that I am covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately. I agree to abide by any rules and directions provided by those helping to administer Lighthouse programs.

Signature of Participant: _____ Date: _____

Your application is not complete without your signature. This information will remain confidential.

Please return your completed application to:

City of Pacific Grove
Attn: Nancy McDowell, 300 Forest Avenue
Pacific Grove, CA 93950

Thank you for your time and effort!