

Player Assistant Volunteer Interest Form

Bing Maloney Golf Complex
6801 Freeport Blvd.
Sacramento, CA 95822
916-808-2283

Bartley Cavanaugh Golf Course
8301 Freeport Blvd.
Sacramento, CA 95832
916-808-2020

Haggin Oaks Golf Complex
3645 Fulton Ave.
Sacramento, CA 95821
916-808-2525

William Land Park Golf Course
1701 Sutterville Rd.
Sacramento, CA 95822
916-277-1207

Name: _____
 First **Middle** **Last**

Address: _____

City/State/Zip: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail: _____ Birth Date: _____
(If under 18)

Are you a current city employee? _____ yes _____ no

Employment and Professional Experience:

Education:

Volunteer Activities:

Times available: M _____ T _____ W _____ Th _____ F _____ Sat _____ Sun _____
Mornings _____ Afternoons _____ Evenings _____
Length of Assignment Desired: 3 mos _____ 6 mos _____ 6-12 mos _____
Over a Year _____ On-call _____ Special Projects _____

Golf Experience:

Years playing golf? _____ How often do you play (per month)? _____

How would you rate your knowledge of the Rules of Golf? Strong Average Weak

Please describe any relevant golf work experience: _____

In case of emergency, please contact:

Name: _____ Phone: _____

Physician: _____ Phone: _____

Have you ever been convicted of a crime? You may omit: a) Traffic violations (Driving Under the Influence convictions must be reported); b) Any conviction committed prior to your 18th birthday which was finally adjudicated in Juvenile Court or under a youth offender law; c) Any incident sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45; d) Any marijuana conviction, more than two (2) years old, described in Labor Code section 432.8. If yes, please explain and give disposition:

Please note that a background investigation and fingerprinting will be required before placement in any sensitive volunteer position. In some placements TB testing is required.

References: Please list the names of two individuals we may contact as a reference. Do not list relatives.

Name: _____ Telephone: _____

Name: _____ Telephone: _____

I authorize investigation of all statements contained in this application and any supporting documents and I understand that a background check may be conducted. I authorize the City of Sacramento and its non-profit partners to secure information from the references I have provided, and release all parties from any liability arising from such investigation.

Signature of applicant: _____ Date: _____