



Parks Ambassador Application

Thank you for your interest in serving as a Parks Ambassador for the City of Fremont Parks & Recreation Department. All applications will be considered without regard to race, age, gender, religion, national origin, marital or veteran status or disability. Please complete the following application truthfully and to the best of your knowledge. This application is not a contract of employment nor will you receive any compensation for your time and service as a Parks Ambassador. You are, however, appreciated greatly for your volunteer efforts.

Legal Name: _____
(First Name) (M.I.) (Last Name)

Phone: _____

Address: _____

SSN*: _____

Email: _____

DOB: _____

Previous Volunteer Experience: _____

Why would you like to volunteer for the Parks Ambassador Program:

Certifications (CPR, First Aid, etc.): _____

Are you aware of any pending charges or criminal investigations against you at this time? Yes No

If Yes, please explain: _____

Please list two personal references:

Reference #1: _____

Phone: _____

Reference #2: _____

Phone: _____

Background Screen

I hereby certify that all the information provided in this application is true, complete, and correct to the best of my knowledge and belief, and is made in good faith. I agree and understand that all statements made by me are subject to being investigated for verification. I further agree and understand that any omissions or misstatements of facts contained in this application may disqualify me for further consideration as a volunteer. As a part of this application to serve as a Parks Ambassador, a background screen through the City of Fremont Police Department as well as a National Criminal Background Screen through GoodHire will be required. Any background screen that reveals a sexual offense or violent felony conviction will be denied. All other offenses will be reviewed using criteria developed by the Fremont Community Relations Commission. Offenses may disqualify an applicant from serving as a Parks Ambassador however, applicants may appeal decisions to the CRC and Safety Service Director.

By signing this application, you are authorizing an investigation to assure that all answers contained within this application are correct. This signature also authorizes the release of such information and any person, firm, or organization providing this information in accordance with this signed authorization, is released from any/all claims and liability for compliance.

Signature: _____

Date: _____