



CITY OF CORONA

Volunteers / Interns

Assignment & Emergency Contact Form

Volunteer Name: _____

Department assigned to: _____ Supervisor: _____

Work Assignment: _____

Start Date: ____ / ____ / ____ Work hours: _____ Days of the week: M T W TH F S

Anticipated Length of Assignment: _____

Emergency Contact Information: Please list one person that we can contact in case of an emergency.

Name: _____ Relationship: _____

Home Phone () _____ - _____ Cell or Work Phone () _____ - _____

Mailing Address: _____
Street City State Zip

E - Mail Address _____ @ _____

NOTE: If this volunteer will be driving a City vehicle or their own vehicle for city business, they must complete the information below. Supervisor must initial to confirm that volunteer will be driving.

DRIVER'S LICENSE	
NUMBER & STATE	_____
EXPIRATION DATE	____ / ____ / ____



Supervisor's Initial's

Volunteer Signature _____ Date _____

Supervisor's Comments: _____

