



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!**