

City of Albany Recreation & Community Services

2020 A/V Apprentice Application



Applicant Information

Full Name: _____ Date: ____/____/____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip

Email: _____ Phone: _____

Parent Information

Name: _____ Relationship: _____

Email: _____ Phone: _____

Education

High School: _____

Address: _____
Street Address Apartment/Unit #

City State Zip

From: _____ To: _____ Highest Grade Completed: _____

References

Full Name: _____ Title: _____

Organization: _____ Phone: _____

Email: _____

Full Name: _____ Title: _____

Organization: _____ Phone: _____

Email: _____

Availability

Please indicate what dates you are available to participate.

<i>Check here if available</i>	Events	Date/Time/Location
<input type="checkbox"/>	4th of July	Saturday, July 4 Location: Memorial Park – 1325 Portland Avenue
<input type="checkbox"/>	Music in the Parks (Every Wednesday in September)	Wednesdays, September 2, 9, 16, 23 & 30 Shift One is 4pm - 7pm & Shift Two is 7pm - 10pm Location: Memorial Park – 1325 Portland Avenue
<input type="checkbox"/>	Dinner with Albany	Saturday, September 26 Location: Lower Solano Avenue

Employment / Volunteer Experience

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Job Title: _____ From: _____ To: _____

Responsibilities: _____

Audio / Video Interest

Please describe your interest in Audio-Video production:

Special Skills or Qualifications

Please summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies:

Emergency Contact

Name: _____ Relationship: _____

Email: _____ Phone: _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Participant Name: _____ Date: _____

Participant Signature: _____ Date: _____

Parent Signature: _____ Date: _____