City of Watsonville Parks & Community Services Department

Youth Soccer League

Become a Volunteer Coach!

Make a difference in the lives of Watsonville's youth

Application Packet

PCS Customer Service Center 231 Union Street Watsonville, CA 95076 (831) 768-3240 www.watsonvillerec.com

Steps to Becoming a Volunteer Soccer Coach and Making a Difference…

1. **Apply:** Take your completed application to the Parks & Community Services Department Customer Service Center (located at 231 Union Street).

2. **Interview:** After we have had time to review your application, we will contact you to arrange for an interview.

3. **Fingerprinting:** All individuals working or volunteering with youth in public agencies in the state of California must be fingerprinted. The LiveScan procedure will aid us in confirming that you have not committed an offense relating to sexual assault, violence, or drugs.
    a. **Appointment:** An Administrative Assistant will contact you to schedule your fingerprinting appointment. ***You will need to bring a picture ID to your appointment!***
    b. **Wait for fingerprint authorization to "clear":** Please be patient with this process. It usually takes 3 days to 4 weeks for fingerprints to clear. On occasion it could take longer and in extreme cases it has been known to take up to three months. **No individual volunteering with anyone under the age of 18 will be permitted to volunteer with the City of Watsonville until fingerprints have cleared**.

4. **Program Orientation Meeting:** Once your fingerprints have cleared, a Recreation Coordinator will contact you and have you come in for an orientation meeting. At that meeting you'll pick your practice times/locations, get your team roster, watch an informative video on coaching, etc.

5. **Begin Volunteering!**

Requirements of Volunteer Coaches During Each Season…

1. **Run weekly practices for your team:** As the coach you get to decide when/where you would like your practices to be held. The length and frequency of practices is completely up to you. Typically younger teams practice for one hour once a week, while older teams tend to practice for one and a half hours twice a week.

2. **Coach your team at the Saturday games:** There are ten games in each season.

3. **Distribute important items to players:** Two to three times during the season you will be asked to pick up some important items from the Parks & Community Services Department Sports Program Office (215 E. Beach Street) and distribute them to your players.

4. **Maintain a safe & supportive environment for your team:** All of our youth sports leagues are recreational. That means that skills, rules and the spirit of the game are emphasized over competition. All volunteer coaches maintain this type of environment.

5. **Have fun!**

Volunteer Program Application

Please print clearly and in black or blue ink.
Return application to any Parks and Community Services Recreation Center.

Completion of the volunteer program application does not guarantee placement or engagement as a City of Watsonville volunteer program participant. Qualified volunteer applicants are considered without regard to race, color, religion, gender, national origin, age, sexual orientation, marital status, and non-job related medical condition or disability. For more information please call (831) 768-3240.

Choose one*:** ❑ Miss ❑ Ms. ❑ Mrs. ❑ Mr. ***I prefer to be called by the name: _____

Full Name: _____

Address: _____

Daytime Phone: _(____)_____

Emergency Contact Name: _____

Address: _____

Daytime Phone: _(____)_____

Driver's License Number: _____

City: _____ Zip Code: _____

Evening Phone: _(____)_____

Relationship: _____

City: _____ Zip Code: _____

Evening Phone: _(____)_____

I am between the ages of:

❑ **under 15** ❑ **18-24** ❑ **41-54**
❑ **15-17** ❑ **25-40** ❑ **55+**

Availability & Assignment Request

How often would you like to volunteer? _____ When are you available to start? _____
What is the length of time that you are available to volunteer? _____

Please mark the days and times that you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____

Please check all areas of interest:

❑ Arts & Crafts
❑ Clerical Support
❑ Computer Center
❑ Games & Sports
❑ Homework Tutor
❑ Marketing/Sponsorships
❑ After School Recreation
❑ Sports Assistant
❑ Special Events
❑ Special Needs Children
❑ Teaching classes/workshops
Subject _____
❑ Youth Council Leader
❑ Adult Council
❑ Other _____

Related Experience

Education:

Name of School	Major Course of Study	Degree/Diploma?	Date Received

Work/Volunteer Experience:

Employer/Agency Name	Position	Contact Name/Phone	Dates:	Voluntary or Paid?

Do you currently hold any special certificates, licenses, or registrations (First Aid, CPR, etc.)?

_____

_____

of this form.

Interests and Special Skills

What special skills, interests, or hobbies would you like to share? _____

_____

What are your goals as a volunteer?_____

_____

Do you have any special needs or restrictions? _____

Languages spoken other than English (if any): _____

Are you volunteering in affiliation with an organization or special program (i.e. school, scouts, court-assigned service, etc.)?

_____

References

Provide two references that are familiar with your academic, professional, or volunteer service. Do not list relatives:

_____

Name	Relationship	Address	Phone Number

_____

Name	Relationship	Address	Phone Number

Have you ever been convicted of a felony or a misdemeanor (not including minor traffic violations)? θ Yes θ No

A "yes" answer is not an automatic bar from placement; however, a false statement will disqualify you. If yes, please explain fully. Attach other sheets if necessary. _____

_____

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and I authorize investigation of all matters contained in this application or data pertinent to my volunteering. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal.

I understand and agree that in the performance of voluntary services I am not a City of Watsonville employee and shall have no rights to wages or benefits and no promise, expressed or implied, of consideration for future employment.

I agree to indemnify and hold the City of Watsonville, its employees and contractors, harmless from any and all liability for any injury that may be suffered arising out of or in any way connected with my participation in this program. I also agree to grant full permission to the City of Watsonville to use my name and any photographs, videographs, motion pictures, or recordings for any purpose whatsoever without any obligation, liability, or compensation to me.

Signature of Applicant: _____ Date: _____

Signature of Parent/Legal Guardian (if under 18): _____ Date: _____

Print Name of Parent/Legal Guardian:_____

For Office Use Only

Name of Supervisor: _____ Extension: _____ Program: _____

Volunteer Position Title or Project Title: _____

Start Date: _____ Anticipated End Date: _____

Volunteer Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____

Total Hours per Week: _____

of this form.

CALIFORNIA PUBLIC RESOURCES CODE SECTION 5164 SCREENING FORM

Pursuant to California Public Resources Code § 5164, this form must be completed by all applicants for positions involving supervisory or disciplinary authority over any minor. Please complete both sides of the page.*

	YES	NO
1. Have you ever been convicted of sexual assault or assault with intent to commit mayhem?		
2. Have you ever been convicted of unlawful sexual intercourse with a person under age 18?		
3. Have you ever been convicted of rape?		
4. Have you ever been convicted of the rape of a spouse?		
5. Have you ever been convicted of willful harm or injury to a child?		
6. Have you ever been convicted of child endangerment?		
7. Have you ever been convicted of corporal punishment or injury to a child?		
8. Have you ever been convicted of willful infliction of corporal injury to a spouse, former spouse, cohabitant, or mother or father of your child?		
9. Have you ever been convicted of any sexual crime or offense?		
10. Have you ever been convicted of any of the following crimes or of an attempt to commit any of the following crimes?		
10.1 Kidnapping?		
10.2 Kidnapping for ransom?		
10.3 Sexual battery?		
10.4 Aiding, abetting or soliciting the rape, rape of a spouse, or forcible acts of sexual penetration?		
10.5 Enticement of an unmarried minor female for purposes of prostitution?		
10.6 Aiding and abetting the enticement of an unmarried minor female for purposes of prostitution?		
10.7 Inducing sexual intercourse with another when the other's consent is procured by false pretenses with the intent to create fear?		
10.8 Pimping of a minor?		
10.9 Pandering of a minor?		
10.10 Procurement of a child under 16 years of age for lewd or lascivious acts?		
10.11 Abduction (taking away) of a person under age 18 for purposes of prostitution?		
10.12 Aggravated sexual assault of a child?		
10.13 Incest?		
10.14 Sodomy?		
10.15 Lewd or lascivious acts or the solicitation of the same?		
10.16 Oral Copulation?		
10.17 Continuous sexual abuse of a child?		
10.18 Forcible acts of sexual penetration or the solicitation of the same?		
10.19 Selling, distributing, printing or exhibiting of child pornography?		
10.20 Sexual exploitation of a child?		
10.21 Employment or use of a minor to perform prohibited acts?		
10.22 Advertising child pornography?		
10.23 Possession of child pornography?		

***** A "yes" answer to any of these questions will disqualify an applicant with the following exceptions: A "yes" answer to questions 11 through 18 will not disqualify an applicant unless the conviction was classified as a felony or there are three or more misdemeanor convictions for a listed offense within the last 10 years.

	YES	NO
10.24 Annoying or molesting a child under 18?		
10.25 Solicitation of rape by force or violence, sodomy by force or violence, or oral copulation by force or violence?		
10.26 Indecent exposure?		
10.27 Procuring, counseling, or assisting any person to commit indecent exposure?		
10.28 Contributing to the delinquency of a minor?		
10.29 Sending harmful material to a minor with the intent to seduce said minor?		
11. Have you ever been convicted of armed robbery?		
12. Have you ever been convicted of armed carjacking?		
13. Have you ever been convicted of assault or attempted murder of a public official?		
14. Have you ever been convicted of false imprisonment?		
15. Have you ever been convicted of assault?		
16. Have you ever been convicted of battery?		
17. Have you ever been convicted of murder?		
18. Have you ever been convicted of mayhem?		
19. Have you ever been convicted of a crime that requires you to register as a sex offender in the State of California?		

CERTIFICATION OF APPLICANT

I hereby certify that all responses herein are true and correct, and I understand and agree that any misstatement or omission of material fact may cause forfeiture on my part of all rights to employment by this City.

Date: _____ Signature: _____

CITY OF WATSONVILLE
REQUEST FOR FINGERPRINTING

Date: _____

Name: _____

Address: _____

_____

PERSONAL IDENTIFICATION DATA

Hair Color _____

Eye Color _____

Height _____

Weight _____

Race _____

Sex _____

Birthplace _____

Birthdate _____

Social Security # _____

Driver's License # _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____

Relationship: _____

Work Phone: _____

Home Phone: _____

Other: _____

Position: _____

Dept/Div: _____

Fingerprinted by: _____

Date: _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0537 (Code assigned by DOJ) Type of Application: Employment

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

City of Watsonville
Agency authorized to receive criminal history information

00298
Mail Code (five digit code assigned by DOJ)

P.O Box 50000
Street No. Street or P.O. Box

Nathalie Manning
Contact Name (Mandatory for all school submissions)

Watsonville, CA 95077
City State Zip Code

(831) 768-3021
Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____
Last First

Driver's License No. _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Misc. No. BIL - 144308
Agency Billing Number (if applicable)

Height: _____ Weight: _____

~~Misc. No:~~ Home Phone _____

Eye Color: _____ Hair Color: _____

Home Address: _____
Street or P.O. Box

Place of Birth: _____

_____
City, State and Zip Code

SOC: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service ☒ DOJ ☐ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

City of Watsonville
Employer Name

00298
Mail Code (five digit code assigned by DOJ)

PO Box 50000
Street No. Street or P.O. Box

Watsonville CA 95077
City State Zip Code

( )
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator

Date: _____

_____
Transmitting Agency

_____
ATI No.

_____
Amount Collected/Billed

ORIGINAL -Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant

CITY OF WATSONVILLE

Administrative Offices
City Hall Annex
215 Union Street
Second Floor
Fax (408) 761-0736
Mayor &
City Council
728-6006
City Manager
728-6011
City Attorney
728-6013
City Clerk
728-6005
Housing & Economic
Development
728-6014
Personnel
728-6012

City Offices
City Hall
50 Main Street
ax (408) 728-6173
uilding Inspection
28-6018
inance
28-6031
lanning
28-6020
ublic Works/Utilities
28-6049

irport
0 Aviation Way
8-6075

re
5 Second Street
8-6060
x (408) 763-4054

brary
0 Union Street
3-6040

rchasing
0 Main Street
3-6029
: (408) 763-4066

creation
Second Street
-6081

using
habilitation
Union Street
-6022

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Watsonville, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information you may have concerning me, including but not limited to, information of a confidential or privileged nature, or any data or materials which have been sealed or understood to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I understand that I will not receive and am not entitled to know the contents of confidential reports received and understand these reports are privileged.

I hereby release, discharge, exonerate the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs, and assigns.

This release will expire 120 days after the date signed.

Signed: _____

Date: _____

a:forms\authfngr

DEPARTAMENTO DE PARQUES Y SERVICIOS A LA COMMUNIDAD
DE LA CIUDAD DE WATSONVILLE

Liga de fútbol para jóvenes

¡Conviértase en un entrenador voluntario de fútbol!

Haga una diferencia positiva en las vidas de los jóvenes de Watsonville

Paquete de información

Centro de Servicio al Cliente de PCS 231 Union Street Watsonville, CA 95076 (831) 768-3240 www.watsonvillerec.com

Pasos necesarios para convertirse en un entrenador de fútbol voluntario y hacer una diferencia…

1. **Solicitud**
   a. Vengan a uno de nuestros cinco centros para recoger una solicitud.
   b. Devuelva la forma de solicitud completa a nuestro centro de servicio al cliente localizado en el 231 de la calle Union.

2. **Entrevista:** Después de revisar la solicitud, el coordinador de voluntarios le llamará para fijar una cita para su entrevista.

3. **Huellas digitales:** Todas las personas que trabajan o que sean voluntarios con jóvenes en organizaciones públicas en el estado de California deben pasar por el proceso de tomarse huellas digitales. El trámite de huellas (*LiveScan)* ayudará a constatar que usted no ha cometido ningún delito relacionado con agresión sexual, violencia o drogas.
   a. **Cita:** Personal del Departamento le ayudará a obtener una cita para que le tomen las huellas digitales. ***El día de su cita debe Ud. traer una identificación con foto.***

   b. **Esperar los resultados de las huellas digitales:** Sea paciente con este trámite. Suele tardarse de 3 a 4 semanas para recibir una respuesta del Departamento de Justicia. Algunas veces podría tomar más tiempo y se conoce de casos extremos en los cuales se ha tardado hasta tres meses. **No se le permitirá a ninguna persona ser voluntario con jóvenes menores de 18 años en el Departamento de Parques y Servicios a la Comunidad hasta no haber recibido la aprobación de las huellas digitales.**

4. **Reunión de orientación sobre el programa:** Una vez que hayamos recibido la aprobación de las huellas digitales el coordinador de voluntarios le pedirá que asista a la reunión de orientación sobre el programa. Repasaremos las normas y procedimientos para familiarizarlo con el programa de voluntarios y el departamento.

5. **¡Empiece a ser voluntario!**

Requisitos para entrenadores voluntarios durante cada temporada…

1. **Dirigir las prácticas semanales con su equipo:** Como el entrenador, usted podrá decidir cuándo/dónde le gustaría tener sus prácticas. La duración y frecuencia de las prácticas son completamente a su gusto. Los equipos de menos de 6 años de edad típicamente practican por una hora, una vez a la semana mientras que las otras divisiones practican por una hora y media, dos veces por semana.

2. **Dirigir a su equipo durante los juegos los días sábados:** Hay diez juegos en cada temporada.

3. **Distribuir artículos importantes a sus jugadores:** Dos a tres veces durante la temporada, se le pedirá que venga a recoger algunos artículos importantes para su equipo de parte de la oficina de deportes del Departamento de Parques y Servicios a la Comunidad de la Ciudad de Watsonville localizada en el 215 de la calle E. Beach, y que lo distribuya a sus jugadores.

4. **Mantener un ambiente seguro & saludable para su equipo:** Todos nuestras ligas juveniles son recreacionales. Eso significa que las habilidades, las reglas y el espíritu del juego son prioridad y no así la competencia. Todos los entrenadores voluntarios tendrán que mantener este tipo de ambiente.

5. **¡ Diviértase!**

Solicitud para el Programa de Voluntarios

Escriba con claridad y en tinta negra o azul.
Regrese la solicitud a cualquier centro de recreación
del Departamento de Parques y Servicios a la Comunidad

El sólo hecho de llenar la solicitud no garantiza una asignación o ningún compromiso como participante del programa de voluntarios. Los solicitantes cualificados para voluntarios serán considerados sin tener en cuenta su raza, color, religión, sexo, nacionalidad, edad, preferencia sexual, estado matrimonial o condición médica o discapacidad que no tenga relación con el empleo. Para más información sírvase llamar al (831) 728-6081.

Elija uno*:** ❑ Srta. ❑ Sra. ❑ Sr. ***Prefiero que llamen por el nombre de: _____

Nombre completo: _____

Dirección: _____

Telé del día: _(_____)_____

Nombre de la persona para comunicarse en caso de emergencia: _____

Dirección: _____

Telé del día _(_____)___ _____

Núm. de licencia para conducir: _____

Ciudad: _____ Zona postal: _____

Telé de noche: _(_____)_____

Parentesco: _____

Ciudad: _____ Zona postal: _____

Telé de noche: _(_____)_____

Mi edad es entre las edades de:

❑ **Menor de 15** ❑ **18-24** ❑ **41-54**
❑ **15-17** ❑ **25-40** ❑ **55+**

Disponibilidad y Asignatura Deseada

¿Qué tan frecuente le gustaría ser voluntario? _____ ¿Cuándo está disponible para trabajar? _____
¿Por cuánto tiempo podría ser voluntario? _____

Marque los días y horas en las cuáles puede ser voluntario:

Lunes	Martes	Miércoles	Jueves	Viernes	Sábado	Domingo
_____	_____	_____	_____	_____	_____	_____

Marque la materia que le interesa:

❑ Artesanías
❑ Asistente en las oficinas
❑ Centro de Computación
❑ Juegos y deportes
❑ Tutor de tareas escolares
❑ Publicidad o Patrocinios
❑ Recreación después de la escuela
❑ Ayudante de deportes
❑ Eventos especiales
❑ Niños con necesidades especiales
❑ Dar clases o talleres
Materia_____
❑ Líder del Concilio de Jóvenes
❑ Concilio de Adultos
❑ Otro_____

Experiencia relacionada

Educación:

Nombre de escuela Curso principal de estudio Título o diploma Fecha de título o diploma

_____
_____
_____

Experiencia laboral o de voluntario:

Empleador y nombre de la agencia Puesto Nombre del encargado -Telé Fecha: ¿Voluntario o asalariado?

_____
_____
_____

En la actualidad ¿cuenta con algún certificado, licencia o inscripción especial (Primeros auxilios, CPR, etc.)?

_____
_____

Intereses y aptitudes extraordinarias

¿Cuáles son las aptitudes, intereses o pasatiempos que le gustaría compartir? _____

_____

¿Cuáles son sus objetivos como voluntario?_____

_____

¿Tiene alguna necesidad o impedimento especial? _____

Habla algún otro idioma además de español (si alguno): _____

¿Va ser voluntario en afiliación con una organización o programa especial (i.e. escuela, exploradores, asignado por orden judicial, etc.)?

Referencias

Provea dos referencias que saben de su servicio académico, profesional o de voluntariado. No nombre parientes:

_____

Nombre	Relación	Dirección	Núm. de telé

_____

Nombre	Relación	Dirección	Núm. de telé

¿Ha sido declarado culpable alguna vez de una felonía o un delito menor (no incluya las infracciones menores de tránsito)? Sí No

Una respuesta "sí" no será prohibición inmediata para que se le acepte como voluntario; sin embargo una declaración falsa si le impedirá participar. Si es sí, explique detalladamente. Adjunte más hojas si le es necesario.

_____

Por el presente afirmo que todo lo que he declarado en esta solicitud es verdad y correcto a mi leal saber y autorizo la investigación de toda materia que consta en esta solicitud o los datos en relación con mi servicio como voluntario. Reconozco que cualquier declaración falsa o distorsión en esta solicitud será motivo de rechazo de asignarme a una posición n o terminación inmediata.

Entiendo y acuerdo que el ejercer funciones de voluntario no me convierte en empleado de la Ciudad de Watsonville y no tendré ningún derecho a un sueldo o beneficios ni es una promesa expresa o implícita para contratarme como empleado en el futuro.

Acuerdo en indemnizar y liberar a la Ciudad de Watsonville, sus empleados y contratistas, de cualquier y toda responsabilidad por cualquier lesión que pudiese sufrir por algún percance o en conexión con mi participación en este programa. También le concedo permiso pleno a la Ciudad de Watsonville para emplear mi nombre y cualquier fotografía, videografía, películas o grabaciones para cualquier propósito sin ninguna obligación, responsabilidad o compensación para mí.

Firma del solicitante: _____Fecha: _____

Firma de los padres o tutor legal (si es menor de edad): _____Fecha: _____

Imprima el nombre de los padres o tutor legal:_____

Uso exclusivo del departamento (For Office Use Only)

Name of Supervisor: _____ Extension: _____ Program: _____

Volunteer Position Title or Project Title: _____

Start Date: _____ Anticipated End Date: _____

Volunteer Schedule:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____

Sírvase llenar ambos lados de este formulario.

CALIFORNIA PUBLIC RESOURCES CODE SECTION 5164 SCREENING FORM

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3. Have you ever been convicted of rape?		
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14. Have you ever been convicted of false imprisonment?		
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16. Have you ever been convicted of battery?		
17. Have you ever been convicted of murder?		
18. Have you ever been convicted of mayhem?		
19. Have you ever been convicted of a crime that requires you to register as a sex offender in the State of California?		

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Date: _____ Signature: _____

CITY OF WATSONVILLE
REQUEST FOR FINGERPRINTING

Date: _____

Name: _____

Address: _____

_____

PERSONAL IDENTIFICATION DATA

Hair Color _____

Eye Color _____

Height _____

Weight _____

Race _____

Sex _____

Birthplace _____

Birthdate _____

Social Security # _____

Driver's License # _____

IN CASE OF EMERGENCY NOTIFY:

Name: _____

Relationship: _____

Work Phone: _____

Home Phone: _____

Other: _____

Position: _____

Dept/Div: _____

Fingerprinted by: _____

Date: _____

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: A0537 (Code assigned by DOJ) Type of Application: Employment

Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

City of Watsonville
Agency authorized to receive criminal history information

00298
Mail Code (five digit code assigned by DOJ)

P.O Box 50000
Street No. Street or P.O. Box

Nathalie Manning
Contact Name (Mandatory for all school submissions)

Watsonville, CA 95077
City State Zip Code

(831) 768-3021
Contact Telephone No.

Name of Applicant: _____
(please print) Last First MI

Alias: _____
Last First

Driver's License No. _____

Date of Birth: _____ Sex: ☐ Male ☐ Female

Misc. No. BIL - 144308
Agency Billing Number (if applicable)

Height: _____ Weight: _____

~~Misc. No:~~ Home Phone _____

Eye Color: _____ Hair Color: _____

Home Address: _____
Street or P.O. Box

Place of Birth: _____

_____
City, State and Zip Code

SOC: _____

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service ☒ DOJ ☐ FBI

If resubmission, list Original ATI No. _____

Employer: (Additional response for agencies specified by statute)

City of Watsonville
Employer Name

00298
Mail Code (five digit code assigned by DOJ)

PO Box 50000
Street No. Street or P.O. Box

Watsonville CA 95077
City State Zip Code

( )
Agency Telephone No. (optional)

Live Scan Transaction Completed By: _____
Name of Operator

Date: _____

_____
Transmitting Agency

_____
ATI No.

_____
Amount Collected/Billed

ORIGINAL -Live Scan Operator; SECOND COPY-Requesting Agency; THIRD COPY-Applicant

CITY OF WATSONVILLE

Administrative Offices
City Hall Annex
215 Union Street
Second Floor
Fax (408) 761-0736
Mayor &
City Council
728-6006
City Manager
728-6011
City Attorney
728-6013
City Clerk
728-6005
Housing & Economic
Development
728-6014
Personnel
728-6012

City Offices
City Hall
50 Main Street
ax (408) 728-6173
uilding Inspection
28-6018
inance
28-6031
lanning
28-6020
ublic Works/Utilities
28-6049

irport
0 Aviation Way
8-6075

re
5 Second Street
8-6060
x (408) 763-4054

brary
0 Union Street
3-6040

rchasing
0 Main Street
3-6029
: (408) 763-4066

creation
Second Street
-6081

using
habilitation
Union Street
-6022

AUTHORIZATION TO RELEASE INFORMATION

As an applicant for a position with the City of Watsonville, I am required to furnish information for use in determining my qualifications. In this connection, I authorize release of any and all information you may have concerning me, including but not limited to, information of a confidential or privileged nature, or any data or materials which have been sealed or understood to be withheld pursuant to any prior agreement or court proceeding involving disciplinary matters.

I understand that I will not receive and am not entitled to know the contents of confidential reports received and understand these reports are privileged.

I hereby release, discharge, exonerate the agencies, their agents and representatives and any person furnishing information from any and all liability of every nature and kind arising out of the furnishing and inspection of such documents, records and other information, and this release shall be binding on my legal representatives, heirs, and assigns.

This release will expire 120 days after the date signed.

Signed: _____

Date: _____

a:forms\authfngr