CITY OF OCEANSIDE
VOLUNTEER JOB DESCRIPTION

(To Be Completed By Departments)

City Department/Division/Program: _____

Position Title: _____ Reports To: _____

Does this position require: ❑ Driver License ❑ Fingerprinting ❑ Background check

❑ Use of City vehicle to perform task ❑ Use of private vehicle to perform task

Purpose/Goal of Position: _____

_____

_____

Qualifications/Skills/Certifications Needed:

1. _____
2. _____
3. _____
4. _____

Duties/Responsibilities:

1. _____
2. _____
3. _____
4. _____

Time Commitment:

Length (months): _____ # Hours per day: _____

Days per Week: _____ Or Month: _____

Training Provided: _____

_____

Work Site Name/Location: _____

_____ Phone: _____

Contact for More Information: _____ Phone: _____

Please complete the attached Volunteer Job Risk Assessment

Revised: 8/2010