CITY OF SAN PABLO
VOLUNTEER APPLICATION
(Appendix B)

Welcome to the City of San Pablo's Volunteer Program. Completing this application is the first step in turning your talents and skills into positive action for your community. Your home address, phone number, and email address will not be made available to the general public.

PLEASE PRINT

Applicant Name:

(Last) (First) (MI)

Volunteer Assignment:

Address:

(Street) (City) (State) (Zip Code)

Phone Number:

(Home) (Work) (Mobile)

Email Address:

For volunteers under the age of 18, please provide:

Guardian Name:

(Last) (First) (MI)

Address:

(Street) (City) (State) (Zip Code)

Phone Number:

(Home) (Work) (Mobile)

Email Address:

Explain why you are interested in this volunteer assignment:

List all experience and/or skills that you have in relation to the volunteer assignment you are applying for:

Please provide three non-related personal references:

(Name)	(Title/Relationship)	(Address)	(Phone Number)
(Name)	(Title/Relationship)	(Address)	(Phone Number)
(Name)	(Title/Relationship)	(Address)	(Phone Number)

Please indicate the days and times you are available to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Specific Time:							
Morning							
Afternoon							
Evening							

CERTIFICATION - Read Carefully Before Signing

I certify that all statements made in this Volunteer Application are true & complete. I authorize investigation of all matters herein contained. Based upon the volunteer assignment, I agree to undergo a background check, including fingerprinting. I also authorize the employers, schools, individuals named above to provide any additional information regarding my qualifications & character. I hereby RELEASE, HOLD HARMLESS, AND COVENANT NOT TO SUE, the City of San Pablo, its officials or employees, from any and all claims, damages, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

(Volunteer Applicant Signature) (Date)

(Parent/Guardian Signature if applicant under 18 years old) (Date)

CITY OF SAN PABLO

VOLUNTEER AGREEMENT
(Appendix C)

Volunteer's Name:
Department: Recreation Division
[ ] Short Term (Special Events, Festivals, Less than a Week Assignment) Event name: _____ Date: _____
[ ] On-going Assignment

Please read the following statements carefully and indicate your understanding and acceptance by signing your name in the space provided below.

- ✓ I wish to volunteer my time, effort, and services as a volunteer for the City of San Pablo.
- ✓ As a volunteer, I donate my time, effort, and services to the City. I acknowledge and agree that I will not receive any form of compensation including employee benefits, accident insurance, death benefits, nor does the City carry commercial general liability insurance covering volunteers.
- ✓ Based on assignments, I understand that I will undergo a fingerprint and background checks, to be conducted by the City's Police Department and I will have to successfully complete the process before volunteering.
- ✓ As a volunteer, I agree to perform assigned tasks to the best of my ability. I further agree to accept supervision, maintain confidentiality, and observe stated goals and objectives.
- ✓ I understand that it is my responsibility to determine that I am able to perform the volunteer assignment as explained by the supervisor, and to limit my participation to only those tasks which I am capable of performing.
- ✓ I was notified and I understand the potential hazards of the volunteer assignment and that I am solely responsible for wearing appropriate clothing, footwear, etc.

- ✓ I understand that the City may photograph or videotape the events or activity in which I am (or my child is) participating. I give permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City and its services/programs. I give permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness. I understand that permission is not required to take part in City events. I agree to provide adequate notice before I terminate my services as a volunteer.

- ✓ I acknowledge and agree that my services are provided for the convenience of the City and may be terminated for any reason or for no reason and at any time by the City, without notice or hearing.

- ✓ I understand that under the Worker's Compensation laws, Worker's Compensation benefits will be the sole and exclusive remedy if I am injured while performing my assigned duties as a volunteer for the City of San Pablo.

- ✓ In consideration of the City accepting my participation as a volunteer, I agree on behalf of myself, my heirs, executors, administrators and assigns, to hold the City, its officers, agents, representatives, and employees harmless from injuries or damages that may occur to my person and/or property while participating as a City volunteer, even if the injury or damage results from the negligence of the City and/or its officers, agents, representatives or employees. In addition, I waive, release, discharge and agree not to sue the City and/or its officers, agents, representatives and employees for any personal injury, including death, and/or property damage that I may incur as a volunteer. In furtherance of the intentions set forth herein, I acknowledge that I am familiar with Section 1542 of the Civil Code of the State of California which provides as follows:
  - "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor." I hereby waive and relinquish any right or benefit which I have or may have under Section 1542 of the Civil Code of the State of California to the full extent that I may lawfully waive all such rights and benefits.

- ✓ I understand that if I act outside my scope or authority as a volunteer, I could be subject to a lawsuit against me for which the City will not defend and I understand that I could be subject to various penalties, if subject to a lawsuit.

I have carefully read this release and fully understand its contents. I understand that this is a release of all liability other than through workers' compensation. I am aware that by signing this release I am giving up important legal rights. I have signed this release freely and voluntarily.

_____ _____

Signature of Applicant Date

If applicant is under the age of 18, a parent or legal guardian must sign this form. The parent or legal guardian must also complete and sign the Parental Permission Form (Appendix D)

_____ _____

Signature of Parent/Guardian Date

CITY OF SAN PABLO
Volunteer Program
Parental Permission Form
(Appendix D)

The City of San Pablo welcomes volunteers under the age of 18. Volunteers play a vital role in many City programs and activities. The City requires that volunteers under the age of 18 provide written permission of a parent or their guardian in order to volunteer.

Please complete and sign this form, obtain your parent or guardian's signature on the form, and return the form to the City of San Pablo, Human Resources Division, 13831 San Pablo Avenue, Bldg. 1, San Pablo, CA 94806. If you have any questions, please contact (510) 215-3000.

- ✓ I am the parent or guardian of the above named minor child and give permission for my child to volunteer for the City of San Pablo.
- ✓ I hereby give my consent for my child to participate in the City of San Pablo's Volunteer Program and I execute this release and waiver on his/her behalf and on my own behalf.
- ✓ I understand that the City may photograph or videotape the events or activity in which I am (or my child is) participating. I give permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City and its services/programs. I give permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness.
- ✓ I understand that my child will be covered as a volunteer under the City's Worker's Compensation program for any injury or accident while on duty.

Volunteer Name (please print)	Volunteer Assignment/Event
Signature of Volunteer	Date
Signature of Parent/Guardian	Date

Volunteer Supervisor: (1) Please provide this form to the volunteer prior to the event. (2) Ask the volunteer to read this form with their parent or legal guardian, complete and sign. Minors must obtain parent signature. (3) Send this form and any other related forms to Human Resources for filing. If you have questions, please call (510) 215-3086.