

VOLUNTEER PROGRAM APPLICATION

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____ Evening Phone: _____

Occupation (if applicable): _____

How did you become interested in the volunteer program?

Skills, Talents and Languages:

Emergency Contact: _____ Phone: _____

Do you have a driver's license? _____ Transportation? _____

Assignments Preferred:

Previous Volunteer Experience:

Other Applicable Experience:

Certification or Licenses Held: _____

Hours Available:

Sunday _____ Monday _____ Tuesday _____

Wednesday _____ Thursday _____ Friday _____

Saturday _____

Do you have any limitations related to health or physical ability? If so, please explain:

Have you ever been convicted of a violation or attempted violation of Section 243.4 of the Penal Code, a sex offense against a minor, or of any felony, which requires registration pursuant to Section 290 of the Penal Code? _____ Yes _____ No

Have you been convicted of any other crime (felony/misdemeanor), or entered a plea of guilty/no contest to a crime? *Do not disclose convictions related to the possession or use of marijuana more than two years ago. NOTE: Conviction of a crime is not necessarily a bar to consideration. Each case is considered separately based upon assignment. Inaccurate information, though, may result in disqualification from consideration.*

_____ Yes _____ No If yes, state when, where, and the nature of conviction

Applicant Signature: _____ Date: _____

For Applicants Ages 15-17 Only:

Date of Birth (Month/Day/Year): _____

Names of Parents or Guardians: _____

Parents' or Guardians' Phone: _____

School: _____ Grade: _____

Minor Applicant's Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____

For Official Use Only:

Approved to Volunteer: Yes No Restrictions: _____

Conviction Status Checked: Yes No

Assignment/Dept.: _____ Dates of Assignment: _____

Date of Application Review: _____

VOLUNTEER PROGRAM
ACKNOWLEDGEMENT OF WORKERS' COMPENSATION

I hereby acknowledge that as a volunteer for the County in the capacity of

_____, I am not an employee of the County, but that I am covered under the County's workers' compensation plan since the County provides coverage to certain volunteers in specified categories pursuant to Labor Code Section 3363.5.

As a volunteer who is covered under the County's workers' compensation plan, I expressly agree and acknowledge that workers' compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claim or actions of any type whatsoever against the County, its employees, officers, agencies, other volunteers and officials.

Date: _____

Signature: _____

Print Name: _____

Parent or Guardian Signature (if minor):

Witness: _____

VOLUNTEER AGREEMENT

The County gratefully accepts _____ into its volunteer program. The County will do its very best to make the volunteer's experience productive and rewarding. To that end, this agreement addresses the commitments made by the County and the volunteer.

The County commits to provide the following:

- Appropriate training and instruction for work assignments including safe work practices
- Orientation to the department and County procedures and policies
- Frequent communication, diligent supervision, clear performance feedback and if required for completion of the internship, written evaluation
- A work environment that respects the skills and contributions of the intern/volunteer and encourages the communication of ideas and suggestions

The volunteer commits to the following:

- Bring an open mind and a willingness to learn
- Perform assigned duties to the best of his/her ability, and to inform the County if changes in his/her situation would interfere with the safe and timely performance of the assignment
- Adhere to County and department rules, policies and procedures
- Communicate any problems or concerns regarding the work environment, assignments, safety practices or any aspect of their relationship with the County
- Meet agreed upon time and attendance commitments and provide adequate notice of absence
- Keep confidential matters confidential and not use confidential information or contacts for personal gain

Agreed to:

Volunteer: _____ Date: _____

Volunteer Coordinator: _____ Date: _____

VOLUNTEER PROGRAM TIME SHEET

Name: _____ Supervisor: _____

Assignment: _____ Department: _____

Month: _____

Enter the total number of volunteer hours worked for each day. Total all hours worked in each week, and enter it in the "Total" column.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total
Week 1								
Week 2								
Week 3								
Week 4								
Week 5								

Volunteer Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____