

VOLUNTEER APPLICATION



City of Santa Maria

Print Name

Street Address City Zip Phone

Emergency Contact Name Phone

INDICATE AREAS OF INTEREST AND LIST SPECIAL SKILLS

If necessary, attach a separate sheet.

LIST HOURS AVAILABLE FOR VOLUNTEER SERVICES

Indicate AM or PM

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

I, the undersigned do hereby understand and agree that my only recourse and my only protection from any form of injury arising out of my activities as a volunteer with the City of Santa Maria shall be those through and from the Worker's Compensation Program, as adopted by the City of Santa Maria, and, do hereby, further specifically waive any and all other rights, claims or liability against the City, its officers, agents or employees from or on account of any injury suffered by me arising out of or in any way connected with my participation in the Volunteer Program of the City. I further understand and agree that I am not an employee and that I provide volunteer service at the City's will.

Applicants Signature _____ Date _____

If applicant is a minor, a parent or legal guardian must sign and below.

Parent/Guardian Signature _____ Date _____

OPPOSITE SIDE TO BE COMPLETED BY DEPARTMENT

To be completed by Division Manager/Department Head

List specific tasks volunteer will perform (list equipment, material, potential hazards, etc.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Location(s) volunteer will be assigned.

1. _____
2. _____
3. _____

Name and classification of volunteer's immediate supervisor:

Start Date: _____

Expected duration of assignment: _____

Reviewed By: _____
Division Manager Date

Approved By: _____
Department Head Date

Forward a copy of the completed application to the Risk Manager.