

# VOLUNTEER APPLICATION



City of Santa Maria

\_\_\_\_\_

Print Name

\_\_\_\_\_

Street Address

City

Zip

Phone

\_\_\_\_\_

Applicant's Email

\_\_\_\_\_

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 I am not an employee of the City of Santa Maria, that I am not entitled to property rights in my job assignment, and that I provide volunteer service to the City in an at-will status. I further 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 acknowledge that during the course of my volunteer work with the City of Santa Maria that I may come into contact with confidential information and I hereby certify that I will not disclose such information to anyone unless otherwise directed by the Volunteer Coordinator.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(If applicant is a minor, a parent or legal guardian must sign below).*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I/We are the parents/guardian of the minor applicant. I/We hereby consent to said minor's participation as a volunteer for the City of Santa Maria and agree to indemnify and hold harmless the City of Santa Maria and its directors, officers and employees from any claims for injuries or damage that said minor may have against the City by reason of his or her participation as a volunteer. In addition, I/We waive all rights we may have under California Code of Civil Procedure Section 376, which provides for a parent's cause of action for injury to his or her child.

**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