



## VOLUNTEER PROGRAM APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Special Skills, Talents and Languages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ Transportation? \_\_\_\_\_

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

How did you become interested in the volunteer program?

\_\_\_\_\_  
\_\_\_\_\_

Assignments Preferred: \_\_\_\_\_

\_\_\_\_\_

Dear prospective volunteer:

We are grateful for your interest in volunteering. You and the many other volunteers at work on our various Agency programs and projects have the power to improve the quality of life in our community.

Attached is an application for the Agency volunteer program and a general interest form. We ask you to complete these so that we can make every effort to offer assignments that meet your interest and needs. Additionally, you will have an opportunity to meet with the supervisor before you commit your time and energy.

We also want to make you aware that we have established program policies and procedures that protect volunteers, citizens and the Agency. Depending upon the type of assignment you undertake, the procedures may include fingerprinting and background checks, DMV record review and liability waivers, among others. We will make you aware of any such requirements at the time of your initial interview.

Again, thank you for your willingness to work toward improving our community. We look forward to welcoming you to the volunteer program.

Sincerely,

City of Calexico Human Resources  
Coordinator of Volunteer Services

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:

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

Completion of the Remainder of this Form is Optional

Volunteers are recruited and selected on their interests, skills, knowledge and abilities. A diverse corps of volunteers is both necessary and desirable. The program office uses the following demographic information to meet diversity goals.

Please Check One:

\_\_\_\_\_ Black (Not Hispanic)      \_\_\_\_\_ White (Not Hispanic)      \_\_\_\_\_ Hispanic

\_\_\_\_\_ American Indian or Alaskan Native      \_\_\_\_\_ Asian or Pacific Islander

Please Check One:

\_\_\_\_\_ 18-25      \_\_\_\_\_ 26-35      \_\_\_\_\_ 36-45      \_\_\_\_\_ 46-55

\_\_\_\_\_ 56-65      \_\_\_\_\_ Over 65

Recommended Department: \_\_\_\_\_

HR & Risk Management Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPROVED

DENIED

**VOLUNTEER PROGRAM  
ACKNOWLEDGEMENT OF WORKERS' COMPENSATION**

I hereby acknowledge that as a volunteer for the Agency in the capacity of \_\_\_\_\_, I am not an employee of the Agency, but that I am covered under the Agency's workers' compensation plan since the Agency has adopted a resolution extending workers' compensation coverage to certain volunteers in specified categories pursuant to Labor Code Section 3363.5.

As a volunteer who is covered under the Agency'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 Agency, its employees, officers, agencies, other volunteers and officials.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent or Guardian Signature (if minor):

\_\_\_\_\_

Witness: \_\_\_\_\_

## **VOLUNTEER PROGRAM VOLUNTEER AGREEMENT**

The Agency gratefully accepts \_\_\_\_\_ into its volunteer program. The Human Resources Department will do its very best to make the volunteer's experience productive, fun and rewarding. To that end, this agreement addresses the commitments made by the Agency and the volunteer.

The Human Resources Department commits to the following:

- To provide training and support for the volunteer so that he or she may be confident in the assignment.
- To provide diligent guidance, supervision and feedback on performance.
- To respect the skills, individual needs and dignity of the volunteer.
- To be receptive to comments and suggestions from the volunteer.
- To treat the volunteer as an equal co-worker with paid staff, jointly responsible for the completion of the Agency's mission.

The volunteer commits to the following:

- To perform assigned duties to the best of his or her ability, and to inform the Agency if changes in his or her situation or health would interfere with the safe and timely performance of these duties.
- To adhere to Agency rules, policies and procedures, including recordkeeping and confidentiality of Agency and client information.
- To meet time and duty commitments, or to provide adequate notice so that alternative arrangements can be made.

Agreed to:

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_