



City of Huntington Beach/Community Services Department
Volunteer Application

Personal Data						
LAST NAME		FIRST	MI	CA DRIVERS LICENSE		
ADDRESS		STREET		APT #	E-MAIL ADDRESS	
CITY		STATE		ZIP	DATE OF BIRTH	GENDER
HOME TELEPHONE		CELLULAR PHONE		EMERGENCY NOTIFICATION		
				NAME		PHONE
				RELATIONSHIP		
Former or Current Employment Data (*Required)						
EMPLOYER		OCCUPATION		DATES OF EMPLOYMENT		
ADDRESS		STREET		APT #	TYPE OF WORK PERFORMED	
CITY		STATE		ZIP	TELEPHONE	RETIRED: YES / NO
Volunteer History						
BUSINESS/ORGANIZATION		TELEPHONE		DATES OF SERVICE		
DUTIES PERFORMED:						
BUSINESS/ORGANIZATION		TELEPHONE		DATES OF SERVICE		
DUTIES PERFORMED						
Other Skills						
LANGUAGES SPOKEN (OTHER THAN ENGLISH)						
COMPUTER SKILLS						
HOBBIES						
OTHER TRAINING OR SKILLS						
REFERENCES						
LIST NAMES AND ADDRESSES OF PEOPLE, OTHER THAN RELATIVES, THAT WE MAY CONTACT WHO HAVE KNOWLEDGE OF YOUR JOB SKILLS, EXPERIENCE, AND ABILITY. YOU MAY USE PAST EMPLOYERS						
NAME		EMAIL		TELEPHONE	BUSINESS OR OCCUPATION	
1.						
2.						
3						

CONTINUE ON BACK

PLEASE CHECK THE VOLUNTEER OPPORTUNITY THAT INTERESTS YOU

<input type="checkbox"/> CARE MANAGEMENT (FRIENDLY VISITOR, MONEY MENTOR, HANDY MAN)	<input type="checkbox"/> HOME DELIVERED MEALS
<input type="checkbox"/> COMMUNITY AMBASSADOR	<input type="checkbox"/> OFFICE SUPPORT: CONCIERGE, MEALS, RECREATION, RESOURCE, TRANSPORTATION, WELLNESS PAVILION
<input type="checkbox"/> EVENTS	<input type="checkbox"/> SENIOR CENTER CLASSES OR ACTIVITIES: (E.G. BINGO, DANCE, COMPUTERS)
<input type="checkbox"/> FITNESS CENTER	<input type="checkbox"/> SENIOR SERVE LUNCH PROGRAM
<input type="checkbox"/> FOOD DISTRIBUTION	<input type="checkbox"/> OUTLOOK ASSEMBLY
<input type="checkbox"/> HBCOA BOARD OR COMMITTEE	<input type="checkbox"/> TRANSPORTATION DRIVER/ ESCORT
<input type="checkbox"/> HANDY CRAFTER	<input type="checkbox"/> OTHER _____

AVAILABILITY

THE MAJORITY OF VOLUNTEER OPPORTUNITIES ARE AVAILABLE MONDAY THRU FRIDAY FROM 8 AM TO 5 P.M. ARE YOU AVAILABLE TO VOLUNTEER DURING THAT TIME?

YES ☐ NO ☐

Agreement

1. I WILL NEVER ACT UNPROFESSIONALLY WHILE REPRESENTING THE CITY OF HUNTINGTON BEACH OR PERFORM ANY CONDUCT WHICH WOULD BRING DISCREDIT UPON THE CITY.
2. I WILL NEVER USE OR ATTEMPT TO USE CITY OF HUNTINGTON BEACH INSIGNIA, BADGE, DECAL, PLAQUES, STICKERS OR CITY ISSUED EQUIPMENT OR ANY ARTICLE GIVING REFERENCE TO CITY OF HUNTINGTON BEACH INAPPROPRIATELY.
3. I WILL PROVIDE NO FALSE OR MISLEADING INFORMATION ON THIS APPLICATION OR AT ANY TIME DURING MY SERVICE.
4. I WILL ALWAYS TREAT MY FELLOW WORKERS, CITY OFFICIALS, CITY EMPLOYEES, AND MEMBERS OF THE COMMUNITY WITH RESPECT AND DIGNITY.

I WILL FOLLOW RULES AS STATED.

I UNDERSTAND THAT AS A VOLUNTEER FOR THE CITY OF HUNTINGTON BEACH COMMUNITY SERVICES DEPARTMENT, WORKING DIRECTLY WITH CHILDREN OR FRAIL, HOMEBOUND SENIORS, I WILL BE REQUIRED TO SUBMIT MY FINGERPRINTS TO THE CALIFORNIA DEPARTMENT OF JUSTICE FOR BACKGROUND CHECK.

SIGNATURE: _____ **DATE:** _____

Attachments Required: Copy of Driver's License or photo identification

Application Certification: PLEASE READ BEFORE SIGNING. I CERTIFY the statements made by me in the application are true, complete, and correct to the best of my knowledge and belief. I understand that statements made are subject to verification and that any misrepresentation, fraud, or omission of material facts may be grounds to reject my volunteer application.

SIGNATURE _____

DATE _____

Return this application to:
City of Huntington Beach Senior Center in Central Park
18041 Goldenwest St
Huntington Beach, CA 92648



City of Huntington Beach

VOLUNTEER RELEASE & WAIVER OF LIABILITY

Required by the City of Huntington Beach for all volunteers.

Please read carefully! This is a legal document that affects your legal rights!

1. **Assumption of Risk.** I understand that my work for the City may include activities that are hazardous and/or physically strenuous and that I may be exposed to personal injury or damage to my property as a result of my activities, the activities of other persons, or the conditions under which my services are performed while participating in City volunteer activities. Though the City will provide me with support, supervision, training, and supplies to accomplish assigned tasks, I agree to the following:
 - I will follow all instructions provided by the City, its employees, or volunteer coordinators.
 - I will only use equipment that I know how to operate and use safely.
 - I will not undertake any activity for which I do not feel sufficiently prepared or able and until I have received instructions.
 - I will take all reasonable precautions to avoid injury to myself and to others and damage to property.
 - Finally, I agree to assume the risk of injury or harm and release the City, its officers, directors, employees, and other City volunteers from all liability for injury, illness, death, or property damage arising from my work as a volunteer.
2. **Waiver and Release.** I hereby release and forever discharge and agree to indemnify, protect, defend and hold the City, its elected officials, boards, commissions, officers, agents and employees free and harmless from any and all claims, liabilities, losses, liens, damages, costs and expenses resulting from injury or death of any person or persons' property damage or that may arise out of my work as a volunteer. I understand that this release discharges the above entities from any liability that may result from my work whether or not caused by the negligence of the City.
3. **Medical Treatment.** I release and discharge the City from any claim that arises or may arise due to any first aid, medical treatment, or service rendered to me.
4. **Insurance.** The City does not have responsibility for providing any health, medical or disability insurance coverage for me. IT IS MY RESPONSIBILITY AS A VOLUNTEER TO ENSURE I HAVE MEDICAL/HEALTH INSURANCE.
 - I understand that if I drive my personal vehicle for City business while volunteering, I must have a valid driver's license and proof of auto insurance.
5. **Photographic Release.** I grant the City the right to use photographic images and video or audio recordings of me that are made by the City or others during my volunteer work for the City.
6. **Duration of Release.** My agreement to the terms in this Release & Waiver applies as long as I volunteer for the City.
7. **Other.** I agree that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of California and that this Release and Waiver is governed by and will be interpreted according to the laws of California. I execute this Release and Waiver behalf of myself, my heirs, and my assigns and intend that it be applicable and binding thereto. I understand and intend that should any part of this Release and Waiver be ruled invalid by a court, the other parts will remain valid and continue to be in effect.

I certify that I am at least eighteen (18) years of age or have had this document signed by my parent or guardian.

Name of Adult (please print)

If signing for a minor, their name(s)

Street Address

City, State, Zip

Phone

Emergency Contact

Phone Number

Signature

Date

Driver's License Number

Expiration Date