



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

| | | | | | | | |
|------|--|-------|--|-----------|--|------------------------|--|
| NAME | | EMAIL | | TELEPHONE | | BUSINESS OR OCCUPATION | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

PLEASE CHECK THE VOLUNTEER OPPORTUNITY THAT INTERESTS YOU

- | | |
|--------------------------------|--|
| _____ FRIENDLY VISITOR | _____ OFFICE SUPPORT: CONCIERGE, RECREATION, RESOURCE, TRANSPORTATION, WELLNESS PAVILION |
| _____ COMMUNITY AMBASSADOR | _____ SENIOR CENTER CLASSES OR ACTIVITIES: (VOLUNTEER INSTRUCTOR) |
| _____ EVENTS | _____ SENIOR CAFÉ LUNCH PROGRAM: SERVER OR RECEPTIONIST |
| _____ FITNESS CENTER | _____ OUTLOOK ASSEMBLY |
| _____ HBCOA BOARD OR COMMITTEE | _____ TRANSPORTATION: DRIVER or ESCORT |
| _____ HANDY CRAFTER | _____ OTHER _____ |
| _____ HOME DELIVERED MEALS | |

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

WAIVER OF LIABILITY AND EXPRESS ASSUMPTION OF RISK

I, the undersigned, being of lawful age or the parent/legal guardian of the participant involved in any program of the City of Huntington Beach (hereinafter "Program"), in consideration of the opportunity to participate in the Program, do hereby RELEASE, DISCHARGE AND HOLD HARMLESS, the City of Huntington Beach and its officers, agents, and/or employees FROM ANY AND ALL LIABILITY FOR DAMAGES OR CLAIMS FOR DAMAGES AS A RESULT OF PERSONAL INJURY, INCLUDING ACCIDENTAL DEATH, AS WELL AS FROM CLAIMS AS A RESULT OF PROEPRTY DAMAGE, OR ANY OTHER LIABILITIES WHATSOEVER, KNOWN OR UNKNOWN, WHICH MAY ARISE IN CONNECTION WITH THE PROGRAM. THE UNDERSIGNED REALIZES THERE ARE RISKS IN PARTICIPATING IN THIS PROGRAM. These risks include, but are not limited to, severe lacerations and/or cuts, head traumas, injuries to joints and/or muscles, back or spinal injuries, paralysis, the risk of possible injury or loss of life as a result of contact with poisonous plants, snakes, or from over-exertion of environmental conditions. Despite these risks I wish to proceed and FREELY ACCEPT AND ASSUME ALL RISK, DANGERS, AND HAZARDS THAT MAY ARISE FROM MY PARTICIPATION during the Program. I acknowledge that I have received appropriate instruction regarding the Program, including appropriate safety and emergency procedures, and that I fully understand those instructions and am capable of and agreeable to following them. In addition, in any actions undertaken during this Program I agree to use the supplies, tools, and equipment to its proper use and represent and warrant that I understand such equipment's intended use.

I acknowledge, agree, and represent that I understand the nature of the Program and that I am qualified, in good health, and in proper physical condition to participate in the Program. I further agree and warrant that I will not participate in the Program and will immediately discontinue participation in the Program if I am under the influence of alcohol or any drug that could impair my physical or mental abilities, or if at any time I believe my conditions to be unsafe for any reason. I acknowledge that, as an independent volunteer, I will not be considered an employee of the City of Huntington Beach and will have no claim to any Workers' Compensation coverage. If I should become injured while participating in the Program, I authorize any physician or surgeon licensed in the State of California to perform emergency or surgical treatment that may be necessary, in his or her sole judgment.

I hereby grant the City the right to photograph and/or video record me during the Program, and to use my photograph and/or video-recorded likeness, voice, and/or appearance taken during the Program for any purpose, including publicity and promotion of the City and/or the Program without compensation for such use.

In giving the foregoing release and waiver, I expressly waive any and all rights conferred upon me by the provisions of California Civil Code Section 1542, which reads as follows:

"A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party."

BY SIGNING BELOW, I ACKNOWLEDGE AND REPRESENT THAT I HAVE READ AND UNDERSTAND THE ABOVE, AND THAT BY VOLUNTARILY SIGNING THE SAME I AM GIVING UP IMPORTANT LEGAL RIGHTS.

Signature of Participant: _____ Date: _____

Signature of Parent/Legal Guardian (if Minor): _____

Name of Participant: _____ Date of Birth: _____
(Please Print)

Street Address: _____
(Please Print)

City, State, Zip: _____
(Please Print)

Email: _____
(Please Print)