

VOLUNTEER APPLICATION AND REGISTRATION

Gabrielino Key Club

POSITION APPLIED FOR High School Volunteer DATE OF APPLICATION

NAME: FIRST MIDDLE INITIAL LAST

ADDRESS: CITY State ZIP

TELEPHONE: DAY () CELL () EVENING ()

EMERGENCY CONTACT: PHONE ()

PLEASE LIST Special Skills, Talents, Interest, Hobbies and Languages:

Three horizontal lines for listing special skills, talents, interests, hobbies, and languages.

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

EDUCATION:

Did you graduate from high school? Yes No

Did you attend or graduate from a college or university? Yes No

Area of study? Degree

<-- Not needed

Other training or education? Please list:

EXPERIENCE: (Previous work or volunteer experience)

Position N/A Year Started Ended

Company / Organization Supervisor

Address Phone number ()

Describe your duties

Horizontal line for describing duties.

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Position N/A Year Started _____ Ended _____

Company / Organization _____ Supervisor _____

Address _____ Phone number (____) _____

Describe your duties _____

Hours Available:

Sunday _____ Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

References: (People who are not relatives that can attest to your character)

Name _____ Phone _____

Name _____ Phone _____

Do you have any limitations related to health or physical ability? If so, please explain: _____

**Signature needed (Parent and student)*

I hereby certify that all facts set forth in this Volunteer Registration Form are true and complete to the best of my knowledge. I understand that if I become a volunteer, falsified statements made on this form shall be sufficient cause for termination of volunteer service. I authorize the City of San Gabriel to conduct an investigation of my character including personal and criminal record checks. I consent to the use of photographs depicting me or my dependent in city printed materials and or website.

Applicant Signature: _____ **Date** _____

Parent or Guardian Signature: _____ **Date** _____
(Must sign for Minors, Ages 15-17)

Referred by N/A Interviewed by _____

Department placed _____ Immediate Supervisor _____

Assignment _____

Start Date ___/___/___ Schedule _____

End Date ___/___/___ Reason _____

City of San Gabriel
VOLUNTEER PROGRAM
ACKNOWLEDGEMENT OF WORKERS' COMPENSATION

I hereby acknowledge that as a volunteer for the City of San Gabriel (City) I am not an employee of the City, but that I am covered under the City's workers' compensation plan since the City 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 City'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 City of San Gabriel, its employees, officers, agencies, other volunteers and officials.

Date: _____ (Parent and student)
*Signature needed

Signature: _____

Print Name: _____

Parent or Guardian Signature (if minor):

Witness: _____

City of San Gabriel
VOLUNTEER PROGRAM
VOLUNTEER AGREEMENT

*Print name

The City of San Gabriel gratefully accepts _____ into its volunteer program. The City will do it's very best to make the volunteer's experience productive, fun and rewarding. To that end, this agreement addresses the commitments made by the City and the volunteer.

The City 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 City's mission.

The volunteer commits to the following:

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

*Signature needed

Agreed to:

Volunteer: _____ Date: _____

Supervisor: _____ Date: _____

City of San Gabriel
VOLUNTEER PROGRAM
VOLUNTEER SERVICE STATEMENT

In performing the service specified in my volunteer job description, I acknowledge:

- I have attended the City's volunteer orientation program and/or briefing from my Supervisor. *I have received a copy of the City's Volunteer Handbook* which includes policies, procedures and safety information, which I am responsible for following as I perform my job;
- I have acquainted myself with what is required to perform my tasks, and represent that I have the skill and ability to perform them and know of no reason, medical or otherwise, which would prevent me from performing the tasks required;
- I will adhere to the safety training provided by the supervisor and assume full responsibility for my own safety;
- I will perform my volunteer service in compliance with the standards and specifications established for my position.

*Signature needed

Volunteer's Signature: _____ Date: _____