



**CITY of SAN PABLO**  
*City of New Directions*

**CITY OF SAN PABLO  
 VOLUNTEER APPLICATION  
 (Appendix B)**



Welcome to the City of San Pablo's Volunteer Program. Completing this application is the first step in turning your talents and skills into positive action for your community. Your home address, phone number, and email address will not be made available to the general public.

**PLEASE PRINT**

**Applicant Name:**

(Last)

(First)

(MI)

**Volunteer Assignment:**

**Address:**

(Street)

(City)

(State)

(Zip Code)

**Phone Number:**

(Home)

(Work)

(Mobile)

**Email Address:**

**For volunteers under the age of 18, please provide:**

**Guardian Name:**

(Last)

(First)

(MI)

**Address:**

(Street)

(City)

(State)

(Zip Code)

**Phone Number:**

(Home)

(Work)

(Mobile)

**Email Address:**

**Explain why you are interested in this volunteer assignment:**

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

**List all experience and/or skills that you have in relation to the volunteer assignment you are interested in:**

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

**Please provide three non-related personal references:**

(Name)	(Title/Relationship)	(Address)	(Phone Number)
(Name)	(Title/Relationship)	(Address)	(Phone Number)
(Name)	(Title/Relationship)	(Address)	(Phone Number)

**Please indicate the days and times you are available to volunteer:**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Specific Time:</b>							
<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

**CERTIFICATION, RELEASE AND WAIVER - Read Carefully Before Signing**

I certify that all statements made in this Volunteer Application are true and complete. I authorize investigation of all matters contained herein. Based upon the volunteer assignment, I agree to undergo a background check, including fingerprinting. I also authorize the employers, schools, and individuals named above to provide any additional information regarding my qualifications and character. I hereby RELEASE, HOLD HARMLESS, AND COVENANT NOT TO SUE, the City of San Pablo, its officials or employees, from any and all claims, damages, demands, or liabilities directly or indirectly, in whole or in part pertaining to, arising out of, or in any way related to such background investigation.

I understand that it is my responsibility to determine that I am able to perform the volunteer assignment and to limit my participation to only those tasks which I am capable of performing. I also understand that the assignment may have potential hazards and I am solely responsible for wearing appropriate clothing, footwear, etc.

I HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE CITY OF SAN PABLO, ITS EMPLOYEES, OFFICERS, AND AGENTS (hereinafter referred to as "releasees") from all liability to me or my personal representatives, assigns, heirs, and next of kin for any loss, damage, or claim therefore on account of personal injury or property damage, whether caused by any active or passive, gross or ordinary negligent act or omission of the releasees or otherwise while I am volunteering for the City. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS the releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees resulting from involvement in this activity whether caused by any negligent act or omission of the releasees, whether active or passive, gross or ordinary negligence or otherwise. City volunteers are covered under the City's workers' compensation program. I understand that I may be injured during this volunteer activity, and I agree that my sole remedy in the case of such injury is workers' compensation. I HAVE READ AND UNDERSTAND THIS RELEASE.

\_\_\_\_\_  
(Volunteer Applicant Signature) \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/Guardian Signature if applicant under 18 years old) \_\_\_\_\_  
(Date)



**CITY OF SAN PABLO**  
*City of New Directions*

**CITY OF SAN PABLO**  
**VOLUNTEER AGREEMENT**  
**(Appendix C)**



Volunteer's Name:
Department:
<input type="checkbox"/> Short Term (Special Events, Festivals, Less than a Week Assignment) Event name: _____ Date: _____
<input type="checkbox"/> On-going Assignment

Please read the following statements carefully and indicate your understanding and acceptance by signing your name in the space provided below.

- ✓ I wish to volunteer my time, effort, and services as a volunteer for the City of San Pablo.
- ✓ As a volunteer, I donate my time, effort, and services to the City. I acknowledge and agree that I will not receive any form of compensation including employee benefits, accident insurance, death benefits, nor does the City carry commercial general liability insurance covering volunteers.
- ✓ Based on assignments, I understand that I will undergo a fingerprint and background checks, to be conducted by the City's Police Department and I will have to successfully complete the process before volunteering.
- ✓ As a volunteer, I agree to perform assigned tasks to the best of my ability. I further agree to accept supervision, maintain confidentiality, and observe stated goals and objectives.
- ✓ I understand that it is my responsibility to determine that I am able to perform the volunteer assignment as explained by the supervisor, and to limit my participation to only those tasks which I am capable of performing.
- ✓ I was notified and I understand the potential hazards of the volunteer assignment and that I am solely responsible for wearing appropriate clothing, footwear, etc.

- ✓ I understand that the City may photograph or videotape the events or activity in which I am (or my child is) participating. I give permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City and its services/programs. I give permission with the following understanding: No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness. I understand that permission is not required to take part in City events. I agree to provide adequate notice before I terminate my services as a volunteer.
- ✓ I acknowledge and agree that my services are provided for the convenience of the City and may be terminated for any reason or for no reason and at any time by the City, without notice or hearing.
- ✓ I understand that under the Worker's Compensation laws, Worker's Compensation benefits will be the sole and exclusive remedy if I am injured while performing my assigned duties as a volunteer for the City of San Pablo.
- ✓ In consideration of the City accepting my participation as a volunteer, I agree on behalf of myself, my heirs, executors, administrators and assigns, to hold the City, its officers, agents, representatives, and employees harmless from injuries or damages that may occur to my person and/or property while participating as a City volunteer, even if the injury or damage results from the negligence of the City and/or its officers, agents, representatives or employees. In addition, I waive, release, discharge and agree not to sue the City and/or its officers, agents, representatives and employees for any personal injury, including death, and/or property damage that I may incur as a volunteer. In furtherance of the intentions set forth herein, I acknowledge that I am familiar with Section 1542 of the Civil Code of the State of California which provides as follows:
  - "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor." I hereby waive and relinquish any right or benefit which I have or may have under Section 1542 of the Civil Code of the State of California to the full extent that I may lawfully waive all such rights and benefits.
- ✓ I understand that if I act outside my scope or authority as a volunteer, I could be subject to a lawsuit against me for which the City will not defend and I understand that I could be subject to various penalties, if subject to a lawsuit.

**I have carefully read this release and fully understand its contents. I understand that this is a release of all liability other than through workers' compensation. I am aware that by signing this release I am giving up important legal rights. I have signed this release freely and voluntarily.**

---

Signature of Applicant

---

Date

*If applicant is under the age of 18, a parent or legal guardian must sign this form. The parent or legal guardian must also complete and sign the Parental Permission Form (Appendix D)*

---

Signature of Parent/Guardian

---

Date