

CITY OF GILROY
 7351 Rosanna Street, Gilroy, CA 95020
 (408) 846-0460 FAX (408) 846-0445
www.ci.gilroy.ca.us

DOJ Needed: Yes / No To HR:
 DOJ: P N/P Date:
 P & Rec. Vol./

Date _____



CITY OF GILROY
VOLUNTEER APPLICATION



Name: _____		Email: _____	
Address: _____		City: _____	Zip: _____
Home Phone: () _____	Work Phone: () _____	Cell _____	
Driver's License #: _____	Exp. Date: _____	Class: (circle one) A B C	

Where did you hear about the Volunteer Program? _____

Please indicate your availability: (Check all that apply.)

Full-time Part-time Days Night Weekdays Weekends On Call
 Days/Times **not** available: _____

WORK OR VOLUNTEER EXPERIENCE

Date	Organization	Responsibilities	Supervisor Name/Phone #

Over 18 years of age? Yes _____ No _____

Have you ever been convicted for a violation of the law, excluding minor traffic violations?

NO _____ **YES** _____. For each offense please list each of the following: the violation (description & code section); the court (including military); the place & date of conviction, the penalty (fine, sentence, date(s) of probation); and the name under which convicted. Omit any convictions that resulted in a referral to and participation in a pretrial or post trial diversion program, or any conviction that has been judicially dismissed or ordered sealed pursuant to law, including but not limited to Penal Code sections 1203.4, 1203.4a, 1203.45, and 1210.1. Notwithstanding any of the preceding, you should not disclose convictions that are over two years old, as of the date that you complete this application, for violation of Health and Safety Code Sections 11357, 11360, 11365, or 11550 as those statutes related to marijuana prior to January 1, 1976, or a statutory predecessor to those statutes. A "yes" answer is not an automatic bar to placement; a false statement will disqualify you. Attach a separate sheet of paper if necessary.

SKILLS OR AREAS OF INTEREST

Check your appropriate skills or areas of interest.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Fire Education | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Senior Citizen Programs |
| <input type="checkbox"/> After School Program | <input type="checkbox"/> Emergency Preparedness-Community Emergency Response Teams (CERT) | <input type="checkbox"/> Litter Pick up | <input type="checkbox"/> Sports/Recreation- Leaders On-the Loose (LOL) |
| <input type="checkbox"/> Artist | <input type="checkbox"/> Graffiti Abatement/Wipe Out Watch/Adopt-A-Mural | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Summer Camps |
| <input type="checkbox"/> Arts/Crafts | <input type="checkbox"/> Grant Writer | <input type="checkbox"/> Marketing | <input type="checkbox"/> Summer Preschool |
| <input type="checkbox"/> Aquatics/Jr. Guards | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Museum Volunteer | <input type="checkbox"/> Survey-taking |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Health/Nutrition | <input type="checkbox"/> Painting | <input type="checkbox"/> Theater Arts |
| <input type="checkbox"/> Clerical | <input type="checkbox"/> Interview/Oral Board Rater | <input type="checkbox"/> Photography | <input type="checkbox"/> Teacher/Trainer |
| <input type="checkbox"/> Computer Trainer | | <input type="checkbox"/> Police Explorers | <input type="checkbox"/> Volunteers in Policing-VIP's |
| <input type="checkbox"/> Crime Prevention | | <input type="checkbox"/> Publicity | <input type="checkbox"/> Video/TV Programming |
| <input type="checkbox"/> Creek Clean Ups | | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Youth Center Volunteer |
| <input type="checkbox"/> Coach-Youth Sports | | <input type="checkbox"/> Research | |

Computer programs (please list): _____

Languages other than English (please list) _____

Volunteering for a specific program/department? Please list: _____

Other (please be specific) _____

The City of Gilroy is an equal opportunity employer. If you require accommodations for a disability, which is qualified under the Americans with Disabilities Act, please inform the City of Gilroy Volunteer Service Program Coordinator if accommodations are necessary.

I hereby certify that the statements in this application are true and correct. Depending on the nature of activity, fingerprinting and/or background check may be required. Applications will be on file for one year.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian if volunteer is under age 18: _____

General Release and Waiver for Volunteers

We live in an age of litigation and we must do all we can to be safe and protect the City of Gilroy. Therefore, before you can participate in Gilroy’s volunteer programs, we must require you to read the following information and then sign the Release and Waiver on the other side of this page. The Release and Waiver imposes obligations on you and limits your legal rights, so you must understand it fully before you sign. If you should have any questions, please ask us before you sign. If you are under 18, you must have this form signed by your parent/guardian.

Safety -- In order to clean up our city, we may be using equipment, such as litter-grabbers, plastic bags, latex gloves and other equipment. Mishandling or misusing these items could cause you injury, and it is possible that you, or your child, may have an allergy to latex which could cause a severe reaction. You, or your child, may also be working in or near streets where cars are moving, and you will likely be leaning over, cleaning gutters, stepping on and off curbs, etc. You will need to pay attention to any instructions given to you by responsible persons before heading out.

Personal Injury – There is some risk of injury associated with participation in this clean up day program. It is important that you understand and accept this risk. As part of this release and waiver, you agree to release, protect, defend, hold harmless and indemnify the City of Gilroy, its City Council, officers, employees, and volunteers (collectively the “City”) from and against any and all injury, liability, loss, claim, action, suit, cost and expense, including all costs and reasonable attorney’s fees in providing the defense to any claim, action, or damage, however same may be caused or claimed to be caused, which arises from your involvement, or your child’s involvement, in the Program or as a consequence of aspect of the Program.

Personal Property Damage –The environment in which we will work may damage your personal property, especially your clothing. If your property is damaged, you agree to hold the City harmless. This means you will not file any claims against the City for any personal property damage related to your volunteer work even if the damage is caused by the negligence of a City employee. We strongly urge you to use common sense and care.

Injury to Third Persons and Their Property -- In addition to your own safety and that of other volunteers, we want you to take every step possible to protect the safety of other residents and visitors to our City. You must take every reasonable precaution to prevent injury to others and to prevent damage to their property.

General Release and Waiver

I have read the information sheet and the above background to the Volunteer’s Release and Waiver and each paragraph contained therein. I understand all the provisions in the Release and Waiver. I further understand that accidents and injuries can arise out of the event. Knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless the City of Gilroy and all its employees and officers and waive all claims against them for personal injury (including death) and/or property damage, including such injury and/or damage incurred as a result of the negligence of any employee, agent, volunteer, or servant of the City of Gilroy. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I also hereby agree to indemnify the City of Gilroy against any claims made by third parties against the City due to my intentional or negligent acts.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian if volunteer is under age 18: _____