City of Pinole Volunteer Application Form

2131 Pear Street
Pinole, CA 94564
www.ci.pinole.ca.us

This form must be completed by anyone who wishes to volunteer for the City of Pinole.

Volunteer Position: _____ Date: _____

PERSONAL INFORMATION

Full Name _____
Last First Middle Initial

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Other Phone _____

Email Address _____

Valid CA Driver License? Yes ☐ No ☐ License Number _____ Expiration _____

EDUCATION

School Currently Attending and Grade: _____
Circle One: Senior / Junior / Sophomore / Freshman / Homeschool (between the ages of 14-17) / Middle School

High School attended: _____

College: _____ Major: _____

Licenses or Certifications, which are related to the position for which you are applying:

_____

_____

REFERENCES

Please list three persons acquainted with your capabilities – **NOT RELATIVES**

Name Address Daytime Phone Evening Phone

_____

_____

_____

INTERESTS

Please check all that apply:

☐ Administrative Tasks	☐ Computer Input / Data Entry	☐ Filing
☐ Phone Support	☐ Typing	☐ Word Processing
☐ Website Support	☐ Video Operations	☐ Recreation Support
☐ Senior Center	☐ Other	☐

Volunteer Experience: _____

_____

_____

TIME PERFORMANCE

☐ One time project	☐ Regular Hours	☐ Five hours per month
☐ Ten hours per month	☐ 20 hours per month	☐ Other

WORK EXPERIENCE

Employer_____ Address_____

Dates Employed: From:_____ To:_____ Total Time Years___ Months___ Hours per week_____

Title_____ Telephone_____ May we contact?_____

Duties_____

_____

Have you ever been convicted of any offense(s) other than a driving violation? Yes ☐ No ☐
If yes, list offense(s) and date(s) of convictions on another sheet of paper and attached to application. A yes answer does not necessarily disqualify.

Were you ever terminated or forced to resign a position? Yes ☐ No ☐ If yes, list details on a separate sheet of paper and attached to application. This answer will not necessarily result in disqualification.

I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during my placement. I am aware that finger printing will be required before placement. I know of no physical limitations which would preclude my accepting a volunteer position. I understand this is a non- paid position with no promise, expressed or implied, of consideration for future employment.

I agree to perform volunteer service for the City of Pinole, and I know of no physical limitations which would preclude my accepting this assignment.

Signature _____ Date _____

Signature of parent or guardian if volunteer is a minor: _____

Official Use Only:
Contingencies prior to placement: ____ Background Check ____Drug Screen ____ Livescan

CITY OF PINOLE

VOLUNTEER WAIVER AGREEMENT

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

- I certify all information contained on this application is true and complete to the best of my knowledge and belief and has been given voluntarily.
- I understand this information may be disclosed to any party with legal and proper interest, and I release the City of Pinole from any liability whatsoever for supplying such information.
- I understand a criminal record check may be conducted.
- I hereby authorize references listed on this application to answer any questions and to furnish any accurate information from their records concerning me, and I hereby release such companies and persons from any liability for such action.
- As a volunteer, I agree to perform to the best of my ability the tasks as outlined in my job description or the tasks established by my supervisor; to accept supervision, maintain confidentiality; observe stated goals and objectives and give my supervisor adequate notice before termination as a volunteer.
- I will not distribute unauthorized literature of any type.
- As a volunteer, I understand I will not be paid for my services, and I am not entitled to a job at the conclusion of my service. The City of Pinole will not provide me with employee benefits, accident insurance, death benefits, nor does the City of Pinole carry commercial general liability insurance covering volunteers.
- I fully understand and agree that either for failure to fully comply with all the obligations outlined in the Volunteer Application, or for any reason whatsoever, while performing my voluntary services to the City of Pinole in voluntary capacity, the City of Pinole at its sole discretion, may immediately terminate my volunteer services.
- 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. Further, 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. I understand that if I act outside my scope or authority as a City volunteer, I could be subject to a lawsuit against me for which the City will not defend and understand that I could be subject to various penalties, including imprisonment, 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. I am aware that by signing this release I am giving up important legal rights. I have signed this release freely and voluntarily. I have been advised that, under 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.

_____

Applicant's Signature/Date

If applicant is under the age of 18, a parent or legal guardian must sign this form.

_____

Parent or Legal Guardian Signature/Date

SUBMIT THIS COMPLETED PACKET TO THE HUMAN RESOURCES DEPARTMENT AT PERSONNEL@PINOLE.GOV