



ADULT SERVICES DIVISION
10940 SAN PABLO AVE
EL CERRITO, CA 94530
(510) 559-7677

VOLUNTEER APPLICATION

Mr. _____ Date: _____
Mrs. _____

Miss (Last Name First Name MI)

Ms

Home Address City Zip Phone

Business Address City Zip Phone

Educational Background: (Circle last year finished) Age Group: (Circle One)
High School: 1 2 3 4 College: 1 2 3 4 14-17 18-25 26-35
Major _____ Degree _____ 36-45 46-65 Over 65
School _____ Are you a student now? _____

When can you volunteer? _____

When is the best time to contact you? _____

Do you speak foreign language fluently? _____ If yes, which? _____

What kind of work and/or volunteer experience have you had? _____

What are your special skills, hobbies or interests? _____

Person to call in case of emergency: _____ Phone _____

Doctor's Name _____ Phone _____

Must you limit your physical activity I any way? _____

How were you referred to Adult Services? _____

Have you had a Red Cross First Aid Course? _____ If yes, when? _____

Name of reference we can contact _____

Address _____ Phone _____

VOLUNTEER INTERESTS

(Please check the kinds of volunteer work in which you are most interested.)

_____ 1. Helping people directly: (One-to-one? _____ or a group setting? _____)

_____ 2. Service and/or Group activities:

___ Driving	___ Committee work
___ Home Visiting	___ Arts & Crafts
___ Nutrition Program Volunteer	___ Mailing
___ Other (Specify) _____	

_____ 3. Office Work

___ Typing	___ Office Aide	___ Receptionist
___ Interviewing	___ Publicity	___ Record Keeping

_____ 4. Special/Professional:

___ Administration	___ Media	___ Teaching
___ Art/Graphics	___ Speaking	___ Counseling
___ Photography	___ Writing	___ Entertainment
___ Social Work	___ Other: (Specify) _____	

In which general area of services are you most interested?

___ Community Service Program
___ Transportation
___ Public Affairs
___ Fund Raising
___ Program Development

*Drivers, please furnish the following information:

Birthdate _____

Driver's License Number _____

Car License Number _____

Expiration Date: _____

Insurance Co. _____

(FOR OFFICE USE ONLY)

Notes:

Interviewer _____

Date _____

RELEASE OF LIABILITY – HOLD HARMLESS AND INDEMNIFICATION AGREEMENT

In consideration for the opportunity to volunteer with the City of El Cerrito Volunteer Program, I hereby acknowledge, agree, and represent as follows:

1. I am volunteering with the City of El Cerrito Adult Services Volunteer Program within the City, which may include helping with Nutrition Lunch, Alzheimer’s Respite, Community Garden, Classes and Programs, Coffee Station, Reception Area, Special Events, Adult Services projects and other activities, and do so with full knowledge of the risks involved. I fully assume all risks of injuries to myself or others caused in any manner by any and all of my actions related to the Programs and its Activities.
2. I fully understand that the Activities can cause loss or damage to equipment, or accidental injury, or in extreme cases, permanent trauma or death. I understand that my participation in the Activities made at my own risk. I agree to assume responsibility to the risks identified herein and those risks not specifically identified.
3. I certify that I am fully capable of participating in the Program and related activities. I therefore assume full responsibility for myself (or minor child, if applicable) and the equipment I use for bodily injury, death, and/or loss of personal property and expenses thereof as a result of the inherent risks and dangers in my negligence in participating in the Program.
4. On behalf of myself, my heirs, executors, administrators and assigns, I hereby waive, release and discharge any and all claims for damages, death, personal injury or property damage that I (or my minor child, if applicable) may have, or that may hereafter accrue to me (or my minor child) as a result of my (or my minor child’s) participation in the Program. This release is intended to discharge in advance the City and its officials, agents, instructors, employees, and volunteers from and against any and all liabilities arising out of or connected in anyway to my participation (or my minor child’s participation) in this event, even though that liability may arise from the City’s negligence in organizing and planning of the Program.
5. I agree to hold harmless and indemnify and defend the City and its officers, employees, agents, and representatives for, from, and against all claims, demands, causes of action or lawsuits of any nature arising from any claimed injuries or damages, including but not limited to judgment, costs, attorney fees, legal expenses, penalties, arising either directly or indirectly or in any manner connected to my involvement and participation in the said Program, or the involvement of my agents, or of anyone related to me.
6. I agree to have photographs, films or tapes recordings taken of me (or the minor child) registered under my signature while participating in the Program. I permit these photographs, films or tapes to be released: to be used in publications, promotional materials, website and for other public information purposes by the City of El Cerrito.

NAME (PRINT) _____ SIGNATURE: _____ DATE: _____

If the participant is under 18 years of age, parent or legal guardian must also sign here:

NAME (PRINT) _____ SIGNATURE: _____ DATE: _____

MINOR’S NAME _____

You must read the above statements and sign this registration form to participate in the City of El Cerrito Adult Services Volunteer Program. Please complete this form prior to participating in Adult Services Volunteer Program Activities. You may complete it at an event, bring the completed form with you to an event, or return it to us prior to any event via the following methods:

Fax (510) 524-3965

Email: jbilbas@ci.el-cerrito.ca.us

Mail: El Cerrito Midtown Activity Center
10940 San Pablo Ave., El Cerrito, CA 94530