



Email: \_\_\_\_\_

## VOLUNTEER PROGRAM MINOR (AGES 12-17) APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth (Month/Day/Year): \_\_\_\_\_

Names of Parents or Guardians: \_\_\_\_\_

Parents' or Guardians' Daytime Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Career Interests:

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

Special Skills, Talents and Languages:

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

How did you become interested in the volunteer program?

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

Assignments Preferred: \_\_\_\_\_

\_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

Other Applicable Experience: \_\_\_\_\_

\_\_\_\_\_

Hours Available:

Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Saturday \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Completion of the Remainder of this Form is Optional

Volunteers are recruited and selected on their interests, skills, knowledge and abilities. A diverse corps of volunteers is both necessary and desirable. The program office uses the following demographic information to meet diversity goals.

Please Check One:

\_\_\_\_\_ Black (Not Hispanic)      \_\_\_\_\_ White (Not Hispanic)      \_\_\_\_\_ Hispanic

\_\_\_\_\_ American Indian or Alaskan Native      \_\_\_\_\_ Asian or Pacific Islander

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Recommended Department: \_\_\_\_\_

HR & Risk Management Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approval

Denied

**VOLUNTEER PROGRAM  
ACKNOWLEDGEMENT OF WORKERS' COMPENSATION**

I hereby acknowledge that as a volunteer for the Agency in the capacity of \_\_\_\_\_, I am not an employee of the Agency, but that I am covered under the Agency's workers' compensation plan since the Agency 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 Agency'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 Agency, its employees, officers, agencies, other volunteers and officials.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent or Guardian Signature (if minor):

\_\_\_\_\_

Witness: \_\_\_\_\_

## **VOLUNTEER PROGRAM VOLUNTEER AGREEMENT**

The Agency gratefully accepts \_\_\_\_\_ into its volunteer program. The Human Resources Department will do its very best to make the volunteer's experience productive, fun and rewarding. To that end, this agreement addresses the commitments made by the Agency and the volunteer.

The Human Resources Department 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 Agency's mission.

The volunteer commits to the following:

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

Agreed to:

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_