City of Galt - VOLUNTEER APPLICATION FORM

380 Civic Drive, Galt, CA 95632
Office (209)366-7100 Fax (209)746-4601

Thank you for taking the time to complete this application. We look forward to working with you and appreciate your generous offer to share your time and talents with our community. Please type or print clearly. Applicants must be at least 13 years of age.

Date: _____

Last Name: _____ **First Name:** _____

Male ☐ **Female** ☐ **Age:**_____

Home Address:_____ **City:**_____**Zip:** _____

Home Phone:_____ **Cell/Work Phone:**_____

Email Address:_____

Please check the area(s) you would like to volunteer in:

☐ Office Support ☐ Other:_____

☐**I am a Returning Volunteer. Last year I volunteered:** _____

Languages Spoken/Familiar with:_____

Do you have any of the following certifications: CPR ☐ First Aid ☐

How did you hear about volunteering with the City of Galt?

_____

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR OTHER THAN MINOR TRAFFIC VIOLATIONS? YES ☐ NO ☐
If yes, please provide details on a separate sheet of paper and submit with your application.
NOTE: CONVICTIONS ARE EVALUATED FOR EACH POSITION AND ARE NOT NECESSARILY DISQUALIFYING. DRUNK, RECKLESS OR HIT-RUN DRIVING ARE NOT MINOR VIOLATIONS. The California Fair Employment and Housing Commission also prohibits asking applicants about convictions that have been sealed, expunged or legally eradicated, or misdemeanor convictions for which probation was completed and the case was dismissed.

FOR OFFICE USE ONLY

☐**New** ☐**Returning**☐**Fingerprint Clearance**☐**Background Clearance** ☐**CPR First Aid**

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By submitting this application, I,_____ , affirm that the facts set forth are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in either the denial of my application or my immediate dismissal. **I further agree participate in a comprehensive background check, if necessary (at the city's expense)*.**

I, _____, authorize and give consent for The City of Galt to obtain information regarding myself. This includes the following: Criminal background records/information, Sex Offender Registry Checks, Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Volunteer Applicant Name (Print) _____

Volunteer Applicant Signature _____Date _____

Parent/Guardian's Signature _____Date _____
(if volunteer is under 18 years of age)

Parent/Guardian's Phone _____ Email _____

It is the intent of the City of Galt to provide equal opportunity to all volunteers in all terms, privileges and conditions without regard to sex, race, religion, national origin, disability or any other factor.

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VOLUNTEER AGREEMENT RELEASE

I, _____ (name), agree to perform to the best of my abilities, the volunteer activity (hereinafter referred to as the Activity) outlined in this form below. I understand that as a volunteer, authorized by the City of Galt, there may be certain risks associated with this Activity. Therefore, I hereby state and affirm that:

1) To the best of my knowledge, I am physically and mentally fit to undertake the Activity outlined herein. If at any time while I am engaging in the Activity, it becomes reasonably apparent that I am no longer mentally or physically fit t continue engaging in the Activity, I will immediately cease any and all activity.

2) In consideration for being permitted to take part in this Activity on property of the City of Galt. I do so hereby release, waive, discharge and covenant not to sue the City of Galt, its officers, employees, and agents, regarding any harm or injury of any nature that I may incur as a result of participating in the Activity, including, without limitations, for negligent actions or omissions. I understand that there may be both foreseen and unforeseen risks associated with the activity and I assume all the risks associated. Therewith I do hereby indemnify and save and hold harmless the City of Galt, its officers, employees, and agents, from any and all liability actions, causes of actions debts, claims and demands of every kind and nature whatsoever which may arise during the course or as a result of my participation in the Activity.

3) By way of this form, I authorize the City of Galt staff to assist me by administering basic first aid or appropriate emergency medical treatment for me in the event of an accident, injury, or illness as the circumstances warrant.

4) Unless I indicate otherwise in writing herein, I hereby give my consent for photographs, videotapes, or audiotapes to be taken of me during the course of the Activity for use by the City of Galt for publicity purposes. My first name is the only personal information about me that may be released by the City of Galt in the use of the above-mentioned media.

5) I agree that the terms of this Agreement shall be binding on my heirs, executor, administrator and all members of my family.

6) By signing this Agreement, I am certifying that I have read and understand the safety guidelines contained in the training materials as well as the rules and hereby agree to comply with their professions. I am also indicating my agreement to all the terms and conditions contained herein.

7) I understand that the above Activity may be of a hazardous nature and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity (such as falls, slips, cuts and bruises, and may be at risk of death for this particular Activity); that participants in the above Activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above City (its officers, employees, or agents) who through negligence, carelessness, or any other act or omission might otherwise be liable to me.

I agree to accept the following volunteer assignment:

Program event _____

Location and Supervisor's Name _____

Days/Hours _____

Beginning Date _____ Length of Commitment _____

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Emergency Contact Name, Address, and Phone Number _____

Volunteer Name (PRINT) _____Date _____

Volunteer Signature _____

Parent/Guardian Signature *(If under age 18)* _____ Date _____

Volunteer Supervisor Signature _____ Date _____

EMERGENCY MEDICAL FORM

Name _____ Date of Birth _____

Phone _____ Alternate Phone _____

Address _____

E-mail _____

Health Insurance Provider _____

EMERGENCY CONTACT WHO CAN AUTHORIZE MEDICAL TREATMENT

Name _____ Date of Birth _____

Phone _____ Alternate Phone _____

Address _____

Relationship _____

LOCAL EMERGENCY CONTACT

Name _____ Date of Birth _____

Phone _____ Alternate Phone _____

Address_____

Relationship _____

ADDITIONAL INFORMATION

Do you regularly take any medication? _____

Do you have any allergies? _____

Any other special conditions *(use back if you need extra space)*

_____

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I,_____
(Volunteer or Parent or Guardian of Minor Volunteer)

Parent/Guardian of _____,
born on *(Insert Date)* _____, do hereby give my consent to the City of Galt Parks & Recreation Department, to secure and authorize such emergency medical treatment as the above name might require while under the supervision of said care provider. I also agree to pay all the costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

NOTE: Every effort will be made to notify the parents/ son/ daughter/ guardian, etc. in case of an emergency in the event of an emergency. It would be necessary to have the following information:

Physician's Name _____ Phone Number _____

Address _____

Volunteer Signature _____ _____

Date _____

Parent/Guardian Signature *(If under age 18)* _____

Date _____

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CITY OF GALT
Consent / Release Form

Applicant's Name (printed) _____

Social Security Number _____ Date of Birth _____

Applicant's Address _____

City _____State _____Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Criminal background records/information
- Sex Offender Registry Checks
- Addresses

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Name: _____ Date:_____

Signature: _____