



City of Healdsburg - Community Services Department

Donna O'Brien, Volunteer Coordinator

133 Matheson Street Healdsburg, CA. 95448-4723

Phone: (707) 431-3492 Fax: (707) 431-3158

VOLUNTEER APPLICATION

NAME	Last	First	Middle
ADDRESS	Number	Street	Apt. No.
	City	State	ZIP
HOME PHONE ()	WORK PHONE ()	CELL PHONE ()	EMAIL ADDRESS @
Are you under age 18? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of Birth (Optional)	
<p>1. What type of volunteer work are you most interested in at present? _____</p> <p>_____</p>			
<p>2. Availability: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun <input type="checkbox"/> (check all that apply) Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/></p>			
<p>3. Length of Assignment (s) Desired: Ongoing <input type="checkbox"/> 3 mo. <input type="checkbox"/> 6-12 mo. <input type="checkbox"/> Special projects/events <input type="checkbox"/> Volunteer Driver Program <input type="checkbox"/></p>			
<p>3. Have you ever worked for the City of Healdsburg? Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>4. Are you related to any person employed by the City of Healdsburg? * Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please identify to who(m) you are related: _____</p>			
<p><i>*Relative means spouse, domestic partner, child, step-child, parent, step-parent, grandparent, grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, nephew, parent-in-law, brother-in-law or sister-in-law.</i></p>			
<p>EDUCATION:</p> <p>High School Graduate? Yes <input type="checkbox"/> / No <input type="checkbox"/> College Degree? Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>Specialty Training, list all that apply _____</p>			
<p>STUDENTS, What school do you attend? School Name _____</p> <p>_____</p> <p>_____</p>			
RELEVANT / SPECIALIZED SKILLS		OTHER INFORMATION YOU WOULD LIKE TO SHARE:	

LIST ANY FOREIGN LANGUAGE(S) IN WHICH YOU ARE FLUENT:

ANY ADDITIONAL INFORMATION YOU WANT US TO KNOW? _____

EMERGENCY INFORMATION:

(Person to contact)

(Relationship)

(Phone)

(Family Physician)

(Phone)

Please list any allergies/existing medical conditions: _____

I understand that to volunteer for the City of Healdsburg Community Services Department I must meet the following requirements:

-Complete volunteer application

-If over 18 years of age, fingerprint/background clearance for volunteers working with children and seniors

GENERAL AGREEMENT, WAIVER AND RELEASE

The City of Healdsburg Community Services Department staff reserves the right to photograph facilities, activities and program participants including volunteers for potential future use. All photos will remain the property of the City of Healdsburg.

In consideration of the acceptance of my application as a program volunteer for the City of Healdsburg Parks & Recreation Department, I, the undersigned volunteer (if 18 years of age or older), or parent or guardian of above named participant (if under 18 years of age) hereby agree that the named volunteer be allowed to participate in the activity(ies), class(es), or event(s) described on this application. I have been informed of the risks involved in such participation, including, but not limited to, temporary and/ or permanent injury to the property, person, and/or death because or on account of such participation. On behalf of myself and the above-named participant, I hereby waive any and all claims for damages of any kind whatsoever against the City of Healdsburg, its officers, employees, contract instructors and community organizations co-sponsoring programs, arising out of or incidental to participation in any volunteer activity(ies). 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 hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I further authorize qualified physicians to render emergency medical treatment or care if they deem necessary for the participant because of illness or accident which occurs during the course of any of my volunteer activity(ies).

Signature of Applicant

Date

Signature of Parent/ Legal Guardian for applicants under 18 yrs. of age

Date

Relationship to Applicant: _____ Contact Phone: _____