



Public Works Department

3232 Main Street, Lemon Grove, CA 91945 ● (619) 825-3800 ● Fax: (619) 825-3818

Volunteer Registration Form

Last Name	First	M.I.	E-mail address		Application Date
Address	City	State	Zip	Home Phone ()	Alternative Phone ()

Where did you learn about becoming a City volunteer? _____

Are you required to complete community service hours (e.g., student internship or court-required service)? Yes No

If Yes, how many hours are required? _____ Completion Due Date: _____ (Note: The City of Lemon Grove provides the opportunity to apply to volunteer for court-ordered service hours for those who have misdemeanor convictions only.)

Have you ever been convicted of a crime(s) (omit any crime that resulted in pre/post trial diversion, was expunged, sealed or eradicated, or misdemeanor where probation has been completed and case dismissed)? Yes No If Yes, date of conviction(s): _____

Please describe: _____

(Note: No volunteer applicant will be denied a volunteer position solely on the grounds of conviction of a criminal offense. The nature of the offense, the surrounding facts and circumstances and the relevance of the offense to the position applied for may, however, be considered.)

Do you have prior volunteer experience(s) or specialized training? Yes No If Yes, please describe: _____

What would you like to get out of your volunteer experience? _____

Do you require any special accommodations to serve as a volunteer? If so, please describe: _____

Name of Emergency Contact: _____ Daytime Phone: (____)____-____ Cell: (____)____-____

Interests - Please check the areas that interest you.

<input type="checkbox"/> Arts	<input type="checkbox"/> Photography	<input type="checkbox"/> Working with children
<input type="checkbox"/> Clerical work	<input type="checkbox"/> Plants and animals	<input type="checkbox"/> Working with seniors
<input type="checkbox"/> Coaching	<input type="checkbox"/> Special events work	<input type="checkbox"/> Writing
<input type="checkbox"/> Event planning	<input type="checkbox"/> Sports	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Gardening	<input type="checkbox"/> Teaching/tutoring	

Skills / Abilities - Please indicate items in which you are experienced.

<input type="checkbox"/> Ability to use power tools	<input type="checkbox"/> First aid/CPR	<input type="checkbox"/> Physical labor
<input type="checkbox"/> Ability to speak a foreign language: _____	<input type="checkbox"/> Grant writing	<input type="checkbox"/> Teaching/tutoring
<input type="checkbox"/> Clerical skills	<input type="checkbox"/> Graphic arts	<input type="checkbox"/> Writing skills
<input type="checkbox"/> Data entry	<input type="checkbox"/> Phone skills	<input type="checkbox"/> Other: _____

Availability - Please indicate the days and times you are available. Hours per week desired: _____

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
___AM	___AM	___AM	___AM	___AM	___AM	___AM
___PM	___PM	___PM	___PM	___PM	___PM	___PM

Experience – List most recent employment or volunteer experience.

Name of Company	Phone Number ()	Job Title
Dates of Employment	Job Responsibilities	

The above information will only be used for volunteer application purposes only. I understand that as a volunteer I will not be paid for my services. I further understand that my references may be checked and I may be asked to complete one or all of the following: a signed waiver from your doctor, a TB test or a criminal background check.

Signature _____

Date: _____

VOLUNTEER SERVICES AGREEMENT AND RELEASE

Confidentiality Agreement

I respect the confidentiality of City information and will discuss or give official information only as directed by a supervisor. No confidential information will be provided to the public except within the guidelines of the City.

Photo Release

I give the City of Lemon Grove, free of any compensation, unlimited permission to use, publish, and republish, in any media now in existence or that may later be developed, for any lawful purpose as it may determine, information and reproductions of my likeness and my voice related to any aspect of my volunteer service for the City. I hereby waive my right to first review the use of my likeness or voice before any use or publication.

Reference Verification and Background Checks

I authorize reference and employment verification as necessary for specific positions that I have volunteered to perform. I authorize fingerprinting, photographing and criminal background checks and Department of Motor Vehicles checks as necessary for specific positions that I have volunteered to perform. On behalf of myself, my heirs and representatives, I hereby release the City of Lemon Grove, its elected officials, employees and agents from all liability for any damages that may result from my reference verification and background check(s). The background check policy is available upon request.

Permission to Seek Medical Treatment

In the event of an emergency, I hereby give the City of Lemon Grove permission to seek medical attention for myself or my child, if volunteer applicant is less than 18 years of age.

Insurance Information and Release

I understand that there are some risks and that I may be injured in the course of performing these volunteer activities or services for the City. I understand that the City's policy is to cover volunteers as "employees" of the City for sole purpose of California Workers' Compensation benefits. I also understand that under Workers' Compensation laws, Workers' Compensation benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services. I further understand and agree that I will only be entitled to medical expenses under the City's Workers' Compensation. I will not be entitled to any other Workers' Compensation benefits which may include, but are not limited to, permanent or temporary loss of use damages, replacement income or vocational rehabilitation benefits. With the exception of Workers' Compensation benefits as set out above, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the City of Lemon Grove or any of its agents, officers, employees or other volunteers, for injury or damage resulting from negligence, howsoever caused, by any employee, agent, officer or volunteer of the City of Lemon Grove as a result of my participation in this volunteer activity or service. In addition, I hereby release and discharge the City of Lemon Grove, its agents, officers, employees and other volunteers from all actions, claims and demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

I have carefully read this agreement and fully understand its contents. I am aware that this is a partial release of liability and a contract between myself and the City of Lemon Grove and sign it of my own free will.

Name: (please print) _____ **Date:** _____

Signature: _____

Signature of parent or guardian (if volunteer is under 18 years of age): _____