



Volunteers

VOLUNTEER APPLICATION

City of Santa Clarita Volunteer Engagement Program
20880 Centre Pointe Parkway - Mezzanine
Santa Clarita, CA 91350
Phone: (661) 250-3708
Fax: (661) 250-3730

- Shirt Size:**
 S
 M
 L
 XL
 XXL

We appreciate your interest in volunteering with the City of Santa Clarita.

Please select **all** of the locations you are interested in and provide as much information as possible on this form.

Special Events <input type="checkbox"/> Swim Meets <input type="checkbox"/> Earth Arbor Day <input type="checkbox"/> Cowboy Festival <input type="checkbox"/> River Rally <input type="checkbox"/> Marathon <input type="checkbox"/> Emergency Comm. Team <input type="checkbox"/> CERT Simulation Drills	Parks, Recreation & Community Svcs. <input type="checkbox"/> Newhall Community Center <input type="checkbox"/> Canyon Country Community Center <input type="checkbox"/> Jakes Way Neighborhood Committee <input type="checkbox"/> Paseo Patrol Graffiti Removal <input type="checkbox"/> Homework Help (<i>Various Locations</i>)	City Offices <input type="checkbox"/> Administrative Services <input type="checkbox"/> City Manager's Office <input type="checkbox"/> Rec, Comm Svcs, Arts & Open Space <input type="checkbox"/> Community Development <input type="checkbox"/> Neighborhood Services <input type="checkbox"/> Public Works <input type="checkbox"/> Unpaid Internship*	Libraries <input type="checkbox"/> Valencia Library <input type="checkbox"/> Canyon Country Library <input type="checkbox"/> Newhall Library Other <input type="checkbox"/> Trails & Open Space <input type="checkbox"/> Eagle/Gold Award**
---	---	---	---

Please fill out this application completely. All information will be kept confidential.

Name: _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

*E-mail Address: _____

Are you currently a City of Santa Clarita employee? Yes No

Reasonable Accommodations: Based on your understanding of the Volunteer Program, will you require any special accommodations to apply and/or participate as a volunteer? Yes No

If yes, what reasonable accommodations would be necessary to assist you in this area?

Have you ever been convicted of a misdemeanor or felony? Yes No

A conviction will not necessarily disqualify an individual from the Volunteer Program. However, volunteer positions that are subject to California Public Resources Code Section 5164 require fingerprinting and acceptance is contingent on a criminal records check in accordance with City policy.

If yes, please state the date, location, offense, and disposition of each offense:

<u>Date</u>	<u>Location</u>	<u>Offense</u>	<u>Disposition</u>

Age Group: _____ Education (check one): 6 7 8 9 10 11 12

Teen College (check one): 1 2 3 4 5 6 6+

Adult Degree(s): _____

Senior Other: _____

Professional Memberships: _____

(Please complete both sides of this form)

Foreign Languages: _____ Speak Read Write
 _____ Speak Read Write

Specialized training/skills: _____

Office Skills Proficiency: Word _____ Excel _____ PowerPoint _____ Graphic Design _____

Other: _____

Volunteer experience: _____

Areas of special interest: _____

Are you interested in a particular volunteer assignment? Yes No

If yes, please specify: _____

*If you're interested in an unpaid/volunteer internship, please specify the relevance of this desired assignment to a specific class or school project: _____

Please note the days and times you are available for volunteer assignments and the type of assignment you are seeking:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

Regular weekly Short-term projects Weekends/Evenings On-call assignments only Open-ended projects

In case of an emergency, who should we notify?

Name: _____ Relationship to Applicant: _____

Home Phone: (_____) _____ Work or Cell Phone: (_____) _____

**City of Santa Clarita
 Volunteer Agreement**

I certify that all statements on this application are true and complete to the best of my knowledge. I hereby authorize the City of Santa Clarita to investigate any information contained in this application. I understand that false or misleading statements shall be sufficient grounds for disqualification from the City's Volunteer Program. Further, I understand that as a Volunteer, I am offering my services of my own free will without any expectation of compensation, benefits, or insurance of any kind.

I voluntarily agree to participate, or for my child to participate, in this program. I hereby waive, release, and hold harmless from any liability or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above-named activity, against the supervisor, the City of Santa Clarita and its elected and appointed officials, agents, and employees. As parent/guardian, I hereby consent to treatment of my minor child for any and all medical procedures deemed necessary, as a result of accident or injury. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the City of Santa Clarita Recreation, Community Services, Arts and Open Space Department to use my, or my children's photographs, as they see fit in their recreation brochure or other advertising. I understand the photograph belongs to the City of Santa Clarita and I will not receive payment of any kind.

I hereby agree to the Volunteer Agreement set forth on this the _____ day of _____, 20_____

Adult volunteer : Volunteer Signature: _____

Minor volunteer : Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____

*Requires signed Volunteer Internship Agreement
 **Requires completion and submission of Scout Award Project Proposal