

CITY OF FULLERTON

VOLUNTEER/INTERN APPLICATION

Department _____

Please fill out the information listed below and return it at your earliest convenience. Please make sure that all information is completed. This will assist us in matching your interests with a volunteer assignment that you will enjoy, at a time that is convenient for you.

PLEASE PRINT OR TYPE:

Today's Date: _____

Name: _____
(LAST) (FIRST) (M.I.)

Address: _____
(NUMBER / STREET) (CITY) (ZIP CODE)

Home Phone: (____) _____ Alt. Phone: (____) _____

Over 18 years old? No Yes
Those under 18 years old will still be qualified.

Please check:

- COMMUNITY SERVICE HOURS
 INTERNSHIP
School: _____ Major _____
 OTHER _____
 COURT/PROBATION MANDATED COMMUNITY SERVICE ORDER

Language spoken (other than English): _____

Please list program(s) of interest: _____

Please list skills/knowledge: _____

Hours available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Department Use Only:

Start Date: _____ End Date or Length of Service (if known): _____

Emergency Contact Received

Workers Compensation Pre-Injury Personal Physician Selection Received (send original to HR)

Minor (under 18) : No Yes- *Authorization To Treat a Minor form with Parent Signatures*

Working with Children or Handling money: No Yes- *needs to be fingerprinted through the Police Department*

Will be driving on City Business: No Yes- *request a copy of DMV driving record*

VOLUNTEER INFORMATION FORM

Department Name: _____ Department Contact: _____

Information Change: Name Address Phone Emergency Contact Information

Name _____

Address _____

City, State Zip _____

Phone: (Primary) _____ (Other) _____

Date Completed _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

(1) Name _____ Relationship _____

Address _____

City, State Zip _____

Phone: (Primary) _____ (Other) _____

(2) Name _____ Relationship _____

Address _____

City, State Zip _____

Phone: (Primary) _____ (Other) _____

Department keep original. Scan copy of this form to Human Resources.

WAIVER AND RELEASE OF LIABILITY

I acknowledge that the CITY OF FULLERTON is not responsible for paying for the costs of any such emergency medical treatment that does not arise from the course or scope of the duties performed on behalf of the CITY OF FULLERTON and that the CITY OF FULLERTON has no insurance to pay for the medical costs arising from such injuries, illnesses or medical conditions. I further agree that any such medical or related expenses incurred will be my sole responsibility. (This does not apply to state mandated Workers' Compensation benefits.)

For and in consideration of my participation in the program / activity assigned, I, the undersigned hereby voluntarily release, discharge, waive and relinquish any and all actions or causes of action for personal injury, property damage or wrongful death occurring or arising as a result of my participation in said program or any activities incidental thereto wherever or however the same may occur and for whatever period said program / activity may continue, and the undersigned does for myself, my heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or cause of action, which may hereafter arise for me and for my estate, and agree that under no circumstances will I or my heirs, executors, and / or administrators assign, prosecute, or present any claim for personal injury, property damage or wrongful death against the CITY OF FULLERTON and its officers, officials, agents, contractors, volunteers, boards, departments, servants, or employees for any of said causes of action.

In addition, I, the undersigned, have been notified that participants involved in City-sponsored recreation programs are subject to being photographed or videotaped, and I hereby give permission for the CITY OF FULLERTON to use such photographs or videotapes to publicize and promote the City's recreation programs.

I, the undersigned, hereby expressly acknowledge and agree that on behalf of myself and for my executors, and / or administrators agree that in the event any claim for personal injuries, property damage or wrongful death shall be prosecuted against the City of Fullerton and/or its officers, officials, agents, contractors, volunteers, boards, departments, servants or employees, I shall **defend, indemnify and save harmless** the City of Fullerton and the aforementioned related parties from any claim, cause of action, loss, liability, damage, lawsuit, cost or expense (including reasonable attorney's fees) by whomever made or presented for said personal injuries, property damage or wrongful death.

The Undersigned acknowledges that I have personally read, understand, and voluntarily sign this release and waiver of all liability and indemnity agreement, am fully aware of potential risk and hazards which are inherent to engaging in the specified recreational program or any activities incidental thereto.

I do hereby certify that I have not been convicted of any criminal offense and will voluntarily submit to fingerprinting and a background investigation if required to do so by the CITY OF FULLERTON. I understand that the above information is voluntarily supplied and may be used for record keeping purposes. I understand that I will not be paid for any service.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT FOR TWO YEARS FOR THE DATE SIGNED OR UNTIL _____.
The Undersigned hereby agrees to inform the CITY OF FULLERTON of any changes to the information contained within this authorization as soon as such new information is available. This authorization is given pursuant to the provisions of Family Code 6910.

SIGNATURE

PRINT NAME

DATE