

Volunteer San José

43 East Gish Road San José, CA 95112 (408) 277-4000 www.volunteersanjose.org

I understand my schedule will be:
Monday:
Tuesday:
Wednesday:
Thursday:
Friday:
Saturday:

I understand that any changes to my schedule are subject to the approval, in advance, by the Department Coordinator.

Volunteer Application/Service Agreement

◆ Type or print cle	early		
I,	, agree to volunteer n	my services to the CITY OF SAN JOSE ("City").	
services as a volunteer		zes of any kind to be provided by the City for my the City may be offered by other persons; however rize to me.	er,
City's Workers' Com that I may sustain du Workers' Compensat	pensation self-insurance. I also understand ring the course and scope of my volunteer s tion, shall be through the City's Workers' C	services to the City, I will be covered under the d and agree that my sole remedy for any injury services to the City, which is covered by Compensation self-insurance coverage. I waive the injuries incurred during my volunteer services	y e
participating. I give my promoting the City of compensation of any	y permission for the City to use photographs of San Jose and its services/programs. I give my	e the events or activity in which I am (or my child or videotape of me (or my child) for the purpose my permission with the following understanding: I is time or in the future for the use of my (or my events.	of No
	d agree that my services are provided for the cason and at any time by the City without notice	convenience of the City and may be terminated fice or hearing.	or
VOLUNTEER INFO	RMATION		
Have you ever volunte	ered for a City of San José program or event b	before? Yes No	
If yes, where?	When?	Supervisor	
Is your volunteer work	to be used towards credit or fulfillment of a c	community service or school service learning?	
YesNo	Please describe		
and /or placed on prob	onvicted and /or placed on probation from any ation from any criminal offences? Yes detailed information below (including minor		ted

PERSONAL CONTACT INFORMATION Name____ _Age _____ Last First Middle Address Street Address Apt.# City State Zip Phone # Home: Work: E-Mail: **MEDICAL INFORMATION** Please note any medical conditions or concerns (asthma, heart conditions, etc.) **EMERGENCY CONTACT** Name Phone Relationship **CONDITIONS** The Program is under no obligation to accept all interested volunteers. Any or all of the following <u>could</u> be required before placement in certain volunteer positions: Fingerprinting Background Investigation

State law requires that all persons working with minors be fingerprinted and undergo a state and federal background check.

I, the undersigned, certify that the information stated on this application is true, complete and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a basis of rejection for this application.

Volunteer's Signature	Date	
If volunteer is under 18 year of age:		
Parent's/Guardian's Signature	Date	

It is the intent of the Volunteer San José Program 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.

Thank you for taking the time to complete this application. We look forward to working with you and appreciate the generous offer of your time and skill.