



VOLUNTEER APPLICATION

City of Calistoga

Date: _____

CONTACT INFORMATION

Full Name:	Address:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Best time to call:	Email:
Date of Birth:	

SKILLS AND BACKGROUND

Current or Past Occupation:	Place of Employment:
Previous Volunteer Experience:	Special Training/Skills/Certifications:
Drivers License Number: Do you own a vehicle? <input type="checkbox"/> No <input type="checkbox"/> Yes, Insurance Co.:	Languages Spoken:
If attending school, please provide name of school:	Highest Grade Completed: Degree/Major:
Do you require any special accommodations? <input type="checkbox"/> No <input type="checkbox"/> Yes	

VOLUNTEER INTERESTS

What types of volunteer projects interest you? <input type="checkbox"/> Coaching <input type="checkbox"/> Special Events/Event Planning <input type="checkbox"/> Office Support <input type="checkbox"/> Maintenance Projects <input type="checkbox"/> Photography <input type="checkbox"/> Sports (Scorekeeping, etc.) <input type="checkbox"/> Public Outreach Programs <input type="checkbox"/> Youth Mentoring <input type="checkbox"/> Computer Entry <input type="checkbox"/> Graphic Design <input type="checkbox"/> Other: _____ Age Groups of Interest <input type="checkbox"/> Preschoolers <input type="checkbox"/> Elementary age <input type="checkbox"/> Teens <input type="checkbox"/> Adults <input type="checkbox"/> Seniors <input type="checkbox"/> Families	How long are you available to volunteer? <input type="checkbox"/> Special Projects Only <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Ongoing Other:
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Please indicate days/times you are available:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours:							

Do you have any friends or family members who work for the City? If so, please provide their name and position:

Name: _____ Position: _____ Friend
 Family

REFERENCES

Please provide two references (not related to you):

Name: _____ Phone: _____ Years Known: _____

Name: _____ Phone: _____ Years Known: _____

EMERGENCY CONTACTS

(Minors must list at least one parent or guardian)

Full Name: Relationship to you:	Address:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Full Name: Relationship to you:	Address:
Phone: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	

Have you ever been convicted of any misdemeanor or felony? No Yes, please explain: _____

REVIEW AND ACKNOWLEDGE

Initials

I understand all volunteers are subject to a screening process that may include but is not limited to: fingerprinting, background check, credit check, driving record review, interview, and contacting references. I understand I have the right to refuse any of these screening processes, but in doing so may become ineligible for volunteer opportunities.

I understand that as a volunteer I will not be paid for my services beyond reimbursement for incidental expenses related to the assignment (i.e. mileage reimbursement).

I understand that my selection as a volunteer is dependent on my review of the job description and ability to perform the essential functions, duties, and responsibilities of the assignment.

I understand that I may not begin an assignment until orientation has been completed and all requested paperwork has been submitted including but not limited to: Release of Liability, Acknowledgement of Workers' Compensation Benefits, Consent to Background/Credit Check and Information Release, Affidavit of Criminal History, and Proof of Insurance.

I understand as a volunteer I am subject to the rules, policies, and regulations of the Town. I further understand that as a volunteer, I may be dismissed at any time, with or without notice or cause.

Applicant Signature:

Parent/Guardian Signature (if applicant is a minor):

Print Name: _____

**CITY OF CALISTOGA - RECREATION SERVICES DEPARTMENT
VOLUNTARY ACTIVITIES PARTICIPATION FORM**

Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement

I, _____ (“Participant”), for myself, my heirs, personal representatives or assigns, do hereby agree to participate in _____ (“Activity”), and, in consideration of participating in the Activity, I hereby agree to the following:

I understand the nature of the activities in which I will be participating and believe that I am qualified, in good health, and in proper physical condition to participate in the Activity.

I understand that the Activity involves risks and danger of severe and serious personal, physical and emotional injury, accident, illness, or even death, as well as loss of or damage to property and that these risks and dangers may be caused by my actions or inactions, the actions or inactions of other participants in the Activity, the conditions under which the Activity takes place, or the negligence of others, including the Releasees named below. I fully accept and assume all such risks and dangers, and all liability and responsibilities for any and all potential risks, injuries, losses, costs and damages associated with the my participation in the Activity.

_____(Initials) I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE RELEASEES (CITY OF CALISTOGA, ITS OFFICERS, EMPLOYEES, AGENTS, VOLUNTEERS, INDEPENDENT CONTRACTORS, REPRESENTATIVES, SUCCESSORS AND ASSIGNS) FROM ANY AND ALL LIABILITY (CLAIMS, DEMANDS, LOSSES, COSTS, INCLUDING ATTORNEYS’ FEES, DAMAGES, CAUSES OF ACTION, SUITS, OR JUDGMENTS, OF ANY KIND) SUSTAINED BY ME, CAUSED OR ALLEGED TO BE CAUSED BY, ARISING OUT OF, OR IN CONNECTION WITH, IN WHOLE OR IN PART, MY PARTICIPATION IN THE ACTIVITY, INCLUDING BUT NOT LIMITED TO, THE RELEASEES OWN PASSIVE OR ACTIVE NEGLIGENCE OR OTHERWISE. I FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, OR ANYONE ON MY BEHALF, MAKES A CLAIM AGAINST ANY OF THE RELEASEES, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEYS’ FEES, LOSSES, LIABILITY OR DAMAGES, OR ANY OTHER COST THAT MAY OCCUR AS A RESULT OF SUCH A CLAIM.

_____(Initials) **I HAVE CAREFULLY READ THIS FORM, RECOGNIZE THE POTENTIAL DANGERS INCIDENT TO MY ENGAGING IN THIS ACTIVITY, AND FULLY UNDERSTAND ITS CONTENT AND CONSEQUENCES, INCLUDING THAT I AM WAIVING CERTAIN RIGHTS AND ASSUMING RISKS. I ACKNOWLEDGE THAT I AM SIGNING THIS FORM FREELY AND VOLUNTARILY AND INTEND BY MY SIGNATURE FOR THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY.**

I understand and acknowledge that while participating in the Activity, pictures, including video with voice/sound, may be taken of me, and subsequently may be used by the City of Calistoga for program publicity and other lawful purposes without any further written agreement or authorization. I authorize the use of my pictures, including any accompanying voice, to be exhibited, as still photographs, television, video, or similar media, and I hereby release the Releasees from all claims related to the taking and use of such pictures on the same terms described above.

Participant’s Signature

Date