

City of Novato Volunteer Application

922 Machin Ave., Attn: HR, Novato, CA 94945 PH: 415-899-8900 FAX: 415-899-8973 volunteer@novato.org

Last Name	First	M.I.	Email Address
Address	City	State	Zip
Home Phone		Alternative Phone	

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

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> AM <input type="checkbox"/> PM						

Please indicate your skills and/or areas of interest:

	Skill	Interest		Skill	Interest		Skill	Interest
Carpentry/Construction	<input type="checkbox"/>	<input type="checkbox"/>	Gardening/Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	Teaching/Tutoring	<input type="checkbox"/>	<input type="checkbox"/>
Clerical/Receptionist	<input type="checkbox"/>	<input type="checkbox"/>	Graphic Arts	<input type="checkbox"/>	<input type="checkbox"/>	Volunteer Management	<input type="checkbox"/>	<input type="checkbox"/>
Database Management	<input type="checkbox"/>	<input type="checkbox"/>	Historic Preservation	<input type="checkbox"/>	<input type="checkbox"/>	Working with Children	<input type="checkbox"/>	<input type="checkbox"/>
Desktop & Web Publishing	<input type="checkbox"/>	<input type="checkbox"/>	Information Technology	<input type="checkbox"/>	<input type="checkbox"/>	Working with Teens	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	Marketing	<input type="checkbox"/>	<input type="checkbox"/>	Working with Seniors	<input type="checkbox"/>	<input type="checkbox"/>
Engineering	<input type="checkbox"/>	<input type="checkbox"/>	Photography	<input type="checkbox"/>	<input type="checkbox"/>	Writing/Editing		
Event Planning/Work	<input type="checkbox"/>	<input type="checkbox"/>	Project Management	<input type="checkbox"/>	<input type="checkbox"/>	Other Skills _____		
First Aid/CPR	<input type="checkbox"/>	<input type="checkbox"/>	Public Safety/Police	<input type="checkbox"/>	<input type="checkbox"/>	_____		
Fundraising/Grantwriting	<input type="checkbox"/>	<input type="checkbox"/>	Research/Analytical	<input type="checkbox"/>	<input type="checkbox"/>	Language(s) _____		

Experience – List your most recent or relevant employment or volunteer experience:

Company/Organization	Address	Phone Number	Employment Dates
Job Title	Job Responsibilities		Supervisor
Company/Organization	Address	Phone Number	Employment Dates
Job Title	Job Responsibilities		Supervisor

1. Do you require any special accommodations to serve as a volunteer? If so, please describe: _____
2. Have you ever been convicted of a crime? ___ Yes ___ No **If yes**, describe the nature of the crime and the date of the conviction and disposition. Applicant may omit any convictions for the possession of marijuana (except for convictions for the possessions of marijuana on school grounds or possession of concentrated cannabis) that are more than two years old, and any information concerning a referral to, and participation in, any pre-trial or post-trial diversion program.

(Note: Conviction of a crime is not an automatic disqualification for volunteering with the City of Novato.)

3. Are you required to complete community service hours (e.g., student internship, court-required service)? ___ Yes ___ No **If yes**, how many hours are required? _____ Completion Due Date: _____
4. Do you have a Driver's License? ___ Yes ___ No Driver's License # _____
 Has your driver's license ever been revoked or suspended? ___ Yes ___ No
 Do you have insurance on your personal vehicle? ___ Yes ___ No
5. Where did you learn about the City of Novato Volunteer Program? _____
6. What would you like to get out of your volunteer experience? Describe your talents, skills, and interests. Attach a separate page if needed.



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 without specific authority from the appropriate City staff.

Photo Release: I give the City of Novato, free of 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: The information I have provided in this application will only be used for volunteer application purposes. I understand that as a volunteer I will not be paid for my services. I authorize reference and employment verification as necessary for specific positions that I have volunteered to perform. I understand that I may be asked to complete one or all of the following for specific positions that I have volunteered to perform: fingerprinting, photographing, criminal background checks, Department of Motor Vehicles checks, TB test, and signed waiver from my doctor. Volunteers assigned to the Police Department may be required to provide additional reference and background information.

Permission to Seek Medical Treatment: In the event of an emergency, I hereby give the City of Novato permission to seek medical attention for myself or my child, if volunteer applicant is less than 18-years-old. I authorize qualified physicians to render medical treatment or care that they may deem necessary for me or my child in case of illness or accident in the course of performing volunteer activities or services for the City of Novato.

Insurance Information and Liability Release: I understand that there are some risks and that I may be injured in the course of performing volunteer activities or services for the City of Novato. 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.

I agree that I will observe, comply, and abide by, all of the rules and regulations of the City at all times that I am performing volunteer services on behalf of the City. Additionally, I agree that I will comply with the reasonable orders and directives given to me by responsible City employees. In the event that I do not agree or wish to comply with any reasonable order or directive given to me by any City employee or have any concern regarding my services or orders or directives given to me, I agree that I will bring the matter to the attention of a City supervisor. I further agree that I will not misuse City property or attempt to profit from, or exploit others, or misuse my capacity as a volunteer with the City to gain any unfair advantage from the City, any business or organization having business or dealings with the City, or any member of the public that I may serve as a volunteer of the City.

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 Novato, Redevelopment Agency of the City of Novato, City of Novato Public Finance Authority and their respective officials, officers, agents, employees and volunteers (hereinafter referred to as 'RELEASEES'), for injury or damage arising out of, related to, or connected with, my participation in these volunteer activities or services, from any cause whatsoever, including but not limited to RELEASEES' active or passive negligent acts or omissions. In addition, I hereby RELEASE and DISCHARGE the RELEASEES from all actions, claims, and demands of any nature that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage arising out of, related to, or connected with, my participation in these volunteer activities or services, from any cause whatsoever, including but not limited to RELEASEES' active or passive negligent acts or omissions.

By my signature below, I signify that I have read, understand, and voluntarily agree to be bound by each of the terms stated above.

Signature _____ Date _____

If under 18, parental consent is required. I, _____, give permission for my child, _____, to participate in volunteer work with the City of Novato Volunteer Program.

Signature: _____ Date _____

The City of Novato will make reasonable efforts in the selection process to accommodate persons with disabilities. Please advise the City of such special needs at the time of application. An Equal Opportunity Employer