



City of Pacific Grove
 300 Forest Avenue
 Pacific Grove, CA 93950
 (831) 648-3123

Volunteer Application and Release Form

Volunteer Position(s) Applying For: _____

Name _____ Date: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Date of Birth: __/__/____

May we contact you regarding other volunteer opportunities? (please check one) No Yes

Are you applying as part of a group?

Group (please list group name) _____

Main Contact for Group: _____ Phone: _____

Emergency Contact _____ Phone: _____

Are you currently a student? No Yes (if "Yes" circle one) Middle School High School College

School Name: _____

Have you ever been convicted of a crime? No Yes

If yes, please explain the nature of the crime and the date of the conviction and disposition. Conviction of a crime is not an automatic disqualification for volunteer work.

Please list two people who know you well and can attest to your character, skills and dependability.

	Name	Phone Number or Email Address	Length of relationship
1.	_____	_____	_____
2.	_____	_____	_____

When are you available to volunteer?

<u>Check all that apply</u>	<u>Hours Available</u>	<u>Exceptions (1st Monday of month, etc.)</u>
<input type="checkbox"/> Monday	_____ p.m. _____ a.m.	_____
<input type="checkbox"/> Tuesday	_____ p.m. _____ a.m.	_____
<input type="checkbox"/> Wednesday	_____ p.m. _____ a.m.	_____
<input type="checkbox"/> Thursday	_____ p.m. _____ a.m.	_____
<input type="checkbox"/> Friday	_____ p.m. _____ a.m.	_____
<input type="checkbox"/> Saturday	_____ p.m. _____ a.m.	_____
<input type="checkbox"/> Sunday	_____ p.m. _____ a.m.	_____

Frequency of volunteer availability (please check all that apply and include any explanation if necessary):

Weekly _____

Semi-weekly _____

Monthly _____

Annually _____

Seasonal _____

On-Call _____

One-time _____

Other _____

Reason for volunteering (check all that apply):

Contribute to the community

Enhance college application

Enhance resume

Meet new people

Renew job skills or learn new skills

Service club project

Community service for school (_____ hours per _____)

Court mandated (# of hours _____: to be completed by ____/____/____)



City of Pacific Grove Volunteer Agreement and Release

Volunteer Name: _____ **Date:** _____

Volunteer Agreement and Workers Compensation I hereby choose to provide services in the City of Pacific Grove's (City) volunteer program and understand that my services are donated to the City without expectation of compensation, benefits, or future employment. I understand I am covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately.

Assumption of Risk I understand the services I provide to the City may include activities that may be hazardous to me including, but not limited to involving inherently dangerous activities. I hereby expressly assume risk of injury or harm from these activities and release the City for all liability.

Release of Liability I hereby waive, release and forever discharge any and all claims for damages for bodily injury, personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participation in the volunteer program. This release is intended to discharge, in advance, the City, its officials, employees, agents, and volunteers from and against any and all liability arising out of, or connected in any way with, my participation. I further agree to indemnify, defend and hold the City, its officers, officials, employees, agents and volunteers harmless from any loss, liability, claim, damage, or expense which may incur as a result of my participation in the volunteer program. I expressly agree this Release is intended to be as broad and inclusive as permitted by California law and that this Release shall be governed by and interpreted in accordance with California law. I agree that in the event any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

COVID-19 Release of Liability: I am aware of the COVID-19 pandemic and related governmental orders, directives and guidelines (collectively "Directives"), including Directives for frequent hand washing, social distancing and use of face masks in public locations. I am aware that these volunteer activities are occurring in a public location during the COVID -19 pandemic and are therefore hazardous activities. I am aware that I could be infected, become seriously ill or even die due to COVID-19. I am aware that my family, friends and others with whom I have contact could be infected, become seriously ill or even die due to a COVID-19 infection that I may acquire and transmit by reason of my volunteer activities. I am voluntarily participating in these volunteer activities with knowledge of the danger involved and agree to assume those risks.

I HAVE READ, UNDERSTAND AND WILL ABIDE BY THE ABOVE STATEMENTS.

Volunteer Signature _____ Date _____

Legal Guardian Signature (if under 18) _____ Date _____