

VOLUNTEER APPLICATION



City of Santa Maria

Print Name _____

Street Address _____ City _____ Zip _____ Phone _____

Emergency Contact Name _____ Phone _____

INDICATE AREAS OF INTEREST AND LIST SPECIAL SKILLS

If necessary, attach a separate sheet.

LIST HOURS AVAILABLE FOR VOLUNTEER SERVICES

Indicate AM or PM

Monday _____	to _____	Friday _____	to _____
Tuesday _____	to _____	Saturday _____	to _____
Wednesday _____	to _____	Sunday _____	to _____
Thursday _____	to _____		

I, the undersigned do hereby understand and agree that my only recourse and my only protection from any form of injury arising out of my activities as a volunteer with the City of Santa Maria shall be those through and from the Worker's Compensation Program, as adopted by the City of Santa Maria, and, do hereby, further specifically waive any and all other rights, claims or liability against the City, its officers, agents or employees from or on account of any injury suffered by me arising out of or in any way connected with my participation in the Volunteer Program of the City. I further understand and agree that I am not an employee and that I provide volunteer service at the City's will.

Applicants Signature _____ Date _____

If applicant is a minor, a parent or legal guardian must sign and below.

Parent/Guardian Signature _____ Date _____

To be completed by Division Manager/Department Head

List specific tasks volunteer will perform (list equipment, material, potential hazards, etc.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Location(s) volunteer will be assigned.

1. _____
2. _____
3. _____

Name and classification of volunteer's immediate supervisor:

Start Date: _____

Expected duration of assignment: _____

Reviewed By: _____	_____
Division Manager	Date
Approved By: _____	_____
Department Head	Date
Forward a copy of the completed application to the Risk Manager.	