



CITY OF FONTANA

VOLUNTEER APPLICATION

AREA IN WHICH YOU REQUEST TO PERFORM VOLUNTEER WORK: _____

AVAILABILITY: _____ (Hours per Week) _____ (Days of Week)

PERSONAL INFORMATION

NAME: _____

ADDRESS: _____ TELEPHONE/CELL #: _____

CITY: _____ ZIP CODE: _____ Email: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE NUMBER: _____

EMERGENCY CONTACT: _____

ADDRESS & TELEPHONE _____

PERTINENT SKILLS

___ TYPING/WPM ___ FILING ___ COMPUTERS ___ RESEARCH ___ WRITING ___ OTHER (explain)

EDUCATION/EXPERIENCE

HIGH SCHOOL GRADUATE OR EQUIVALENT: ___ YES ___ NO

COLLEGE GRADUATE/CURRENT ENROLLMENT: ___ YES ___ NO

LAST SCHOOL/COLLEGE ATTENDED: _____ MAJOR: _____

EXPERIENCE: (PAID AND/OR VOLUNTEER):

COMPANY/ORGANIZATION

DATES OF EMPLOYMENT

SUPERVISOR

REFERENCES (DO NOT LIST RELATIVES)

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

GENERAL RELEASE OF LIABILITY: For and in consideration of the granting of permission to participate in the activities conducted by and/or with City personnel, in my volunteer status, the undersigned, on behalf of him/herself, his/her heirs, executors, administrators, and assigns, hereby fully releases and discharges City of Fontana, its members, agents, and employees from any and all claims, actions and liabilities that may arise as a result of my volunteer participation with the City of Fontana.

The undersigned has read this General Release of Liability and fully understands and acknowledges the significance of said General Release of Liability and hereby assumes full responsibility for any injuries, damages or losses that he/she may incur from my volunteer participation with the City.

As a Volunteer, I understand that I will be at-will and that my services may be terminated without cause, at any time, at the sole discretion of the City of Fontana. I also understand that I am not entitled to receive compensation or benefits of any kind from the City, including those afforded in accordance with CA Workers' Compensation laws. I am also aware that I have no expectation of future employment with the City of Fontana

I further understand that should I use my automobile in Volunteer Service, I will keep in effect, automobile liability insurance equal at least to the minimum limits required by the State of California.

REVIEW CAREFULLY BEFORE SIGNING

DATED: _____

Printed Name of Participant

Signature

Signature of Parent or Guardian (if a minor)

Application must be returned to the Human Resources Department for processing

HR Review and Comments: _____
