



**Volunteer San José**  
1601 Foxworthy Avenue  
San José, CA 95118  
(408) 723-3754  
[www.volunteersanjose.org](http://www.volunteersanjose.org)

## Volunteer Application/Service Agreement

◆ *Type or print clearly*

I, \_\_\_\_\_, agree to volunteer my services to the CITY OF SAN JOSE ("City").

I acknowledge that there is no salary or other compensation, or prizes of any kind to be provided by the City for my services as a volunteer. Rewards or prizes for volunteer service to the City may be offered by other persons; however, the City is not responsible for the payment of any such reward or prize to me.

**I understand that during the course and scope of my volunteer services to the City, I will be covered under the City's Workers' Compensation self-insurance. I also understand and agree that my sole remedy for any injury that I may sustain during the course and scope of my volunteer services to the City, which is covered by Workers' Compensation, shall be through the City's Workers' Compensation self-insurance coverage. I waive any other right or remedy that I may have available to me for the injuries incurred during my volunteer service.**

I understand that the City of San Jose may photograph or videotape the events or activity in which I am (or my child is) participating. I give my permission for the City to use photographs or videotape of me (or my child) for the purpose of promoting the City of San Jose and its services/programs. I give my permission with the following understanding: **No compensation of any kind will be paid to me (or my child) at this time or in the future for the use of my (or my child's) likeness. Permission is not required to take part in City events.**

I also acknowledge and agree that my services are provided for the convenience of the City and may be terminated for any reason or for no reason and at any time by the City without notice or hearing.

### VOLUNTEER INFORMATION

Have you ever volunteered for a City of San José program or event before? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_ When? \_\_\_\_\_ Supervisor \_\_\_\_\_

Is your volunteer work to be used towards credit or fulfillment of a community service or school service learning?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please describe \_\_\_\_\_

Have you ever been convicted and /or placed on probation from any criminal offenses? Yes \_\_\_\_\_ No \_\_\_\_\_

### **A YES ANSWER WILL NOT DISQUALIFY YOU!**

If so provide dates and detailed information below (including minor offenses)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL CONTACT INFORMATION**

Name \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address Apt.# City State Zip

Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**MEDICAL INFORMATION**

Please note any medical conditions or concerns (asthma, heart conditions, etc.)

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**CONDITIONS**

The Program is under no obligation to accept all interested volunteers.

Any or all of the following could be required before placement in certain volunteer positions:

- ◆ Fingerprinting
- ◆ Background Investigation

**State law requires that all persons working with minors be fingerprinted and undergo a state and federal background check.**

I, the undersigned, certify that the information stated on this application is true, complete and correct to the best of my knowledge and belief and is made in good faith. Any false statements made by me may be used as a basis of rejection for this application.

**Volunteer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**If volunteer is under 18 year of age:**

**Parent's/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

It is the intent of the Volunteer San José Program to provide equal opportunity to all volunteers in all terms, privileges and conditions without regard to sex, race, religion, national origin, disability or any other factor.

Thank you for taking the time to complete this application. We look forward to working with you and appreciate the generous offer of your time and skill.

I understand that any changes to my schedule are subject to the approval, in advance, by the Department Coordinator.

I understand my schedule will be:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_