
**VOLUNTEER
APPLICATION**

**MAKE A
DIFFERENCE
SERVING YOUR
COMMUNITY AS A
CITIZEN
VOLUNTEER!**

The City of Lathrop welcomes your interest as a Volunteer. To provide a clear understanding of your background and desire to serve as a volunteer please complete all of the information below.

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER STREET

CITY STATE ZIP CODE

TELEPHONE CELL PHONE E-MAIL

AREA OF INTEREST

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Parks |
| <input type="checkbox"/> Leisure Programs | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Marketing / Outreach | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Animal Services | <input type="checkbox"/> Streets |

NOTE: ALL VOLUNTEERS WORKING WITH CHILDREN AND/OR IN SPECIFIED PROGRAMS ARE REQUIRED TO BE FINGERPRINTED AND CLEARED IN ACCORDANCE WITH CALIFORNIA PUBLIC RESOURCES CODE 5164.

REASON FOR VOLUNTEERING:

- I am part of the community.
- My employer encourages volunteerism.
- I need hours for High School credit and graduation.
- I need to complete mandated hours for community service.

EXPERIENCE

(Employment, previous volunteer, skills, hobbies, talents, etc.)

WHO DO WE CONTACT IN CASE OF AN EMERGENCY?

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE CELL PHONE

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER STREET CITY STATE ZIP CODE

TELEPHONE CELL PHONE

**CITY OF LATHROP
CITY HALL
390 TOWNE CENTRE DR.
LATHROP CA 95330
CITY HALL 209-941-7200**

VOLUNTEER AGREEMENT

I, _____, certify that all statements on this application are true and complete to the best of my knowledge. Further, I understand that the position for which I am applying for is voluntary and no compensation for the service performed will be given, with the exception of possible reimbursement of incidental expenses upon prior approval. The work I will be performing can be suspended or terminated at any time as determined necessary by the supervisor or any other supervisor within the City. I also understand that I am under no obligation to work, that I am not an employee, and no work performed as a volunteer can be considered employment with the City; however, I will give three (3) working days prior notice if I cannot perform a duty assigned.

WAIVER OF LIABILITY

I voluntarily agree to participate as a volunteer. I hereby waive, release, and hold harmless, the City of Lathrop and its elected and appointed officials, agent, and employees from any liability or claims for damages for personal injury, including death, as well as from any and all claims of any type which may arise in connection with the above-named activity.

ACKNOWLEDGEMENT OF WORKERS' COMPENSATION I hereby acknowledge that as a volunteer for the City, I am not an employee of the City, but that I am covered under the City's workers' compensation plan since the City has adopted a resolution extending workers' compensation coverage to certain volunteers in specified categories pursuant to Labor Code Section 3363.5. As a volunteer who is covered under the City's workers' compensation plan, I expressly agree and acknowledge that workers' compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claim or actions of any type whatsoever against the City, its employees, officers, agencies, other volunteers and officials.

Signature

Date

Parent Signature

Date

(Required if applicant is under 18 years of age)

I hereby certify I have never been arrested for or convicted of any felony or misdemeanor involving sexual or physical abuse of any adult or child, or any felony narcotics offense and I understand that independent adult volunteers working with minors are required to be fingerprinted prior to beginning their volunteer assignment. I authorize the City of Lathrop to obtain my criminal records and understand that fingerprinting will be arranged by the Recreation Department and/or the Personnel Department at no expense to me. I will not report to work until I have been fingerprinted, cleared, and notified by the City.

Signature

Date

For Official use only:
Supervising Department: _____
Department Approval: _____
Fingerprint Status: Accepted Denied Other _____
Human Resource Representative: _____ Date: _____

Emergency Information/Medical Treatment

This page required if applicant is under 18 years of age

Volunteer Name _____

EMERGENCY CONTACTS

Name:	Telephone Number:	Relationship:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

MEDICAL INFORMATION

Physician's name: _____ Phone: _____

Address: _____

If physician can not be reached, what action should be taken? _____

Medical Insurance plan and group number: _____

Does your child have any allergies? If yes, please explain: _____

Is child presently under a doctor's care? If yes, please explain: _____

Does child take prescribed medication(s)? If yes, please explain: _____

PERMISSION FOR MEDICAL TREATMENT

In case of an accident or an emergency, I authorize a staff member of the City of Lathrop or other emergency personnel to take my child to the above named physician or to the nearest emergency hospital for any emergency treatment and measures as are deemed necessary for the safety and protection of the child at my expense.

Signature required in order to participate as a Volunteer for the City of Lathrop

Parent /Guardian _____

Date _____

OPTIONAL - RIDE-ALONG AUTHORIZATION

As a Volunteer of the City of Lathrop there may be an opportunity for your child to volunteer at more than one location. During such times your child may have an opportunity to ride-along as a volunteer in a City of Lathrop Vehicle in order to be transported between locations. Your signature below approves for your child to ride-along and be transported in a City of Lathrop vehicle during the active performance of official duties.

My child, _____ has permission to ride-along with a member, or members, of the City of Lathrop as a volunteer for the City of Lathrop during the active performance of official duties. I understand that this is not a guarantee of transportation for my child and that I will be notified when/if my child is transported.

Signature _____ Date _____
(Parent or Guardian)