



COMMUNITY SERVICES DEPARTMENT VOLUNTEER APPLICATION

This application may be returned to 200 Old Bernal Ave, Pleasanton. For question, please call (925) 931-5340.

PERSONAL INFORMATION

Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

DOB: _____ Email: _____

Currently Employed? Full Time Part Time Unemployed Student

Name of current employer or school attending: _____

AREAS OF INTEREST

Please check all program areas you are interested in volunteering at:

Aquatics

Firehouse Arts Center/Civic Arts

Senior Center

Alviso Adobe Community Park

Youth/Adult Sports

RADD (Recreation for the Developmentally Disabled)

Your Special Skills: _____

AVAILABILITY

Date available to start: _____ Date volunteer hours must be completed by: _____

Please list specific times on the days you are available to volunteer

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

EMERGENCY CONTACT INFORMATION

Name: _____ Cell Phone: _____

Relationship: _____ Home Phone: _____

Special Needs/Accommodations: _____

Medications /Allergies: _____



WAIVER, RELEASE AND ASSUMPTION OF RISK CONSENT AND WAIVER FOR USE OF SOUND RECORDING, IMAGE AND LIKENESS

The City of Pleasanton ("City") is sponsoring the following activity: _____

All applicants must sign the Wavier, Release and Assumption of Risk; Consent and Waiver for Use of Sound Recording, Image and Likeness. If applicant is under 18 years of age, a legal guardian/parent signature is also required. All volunteers may be subject to background check and tuberculosis clearance.

I (my child) desire(s) to serve as a volunteer for the City of Pleasanton in its Community Services and/or Library departments. I am [My child is] physically fit to participate as a volunteer. I understand that volunteering involves risks and that serious injuries could occur while I am [my child is] participating as a volunteer, including, but not limited to: injuring back or muscles while lifting boxes or other items; falling from ladder when putting up decorations or reaching higher shelves; cutting hands or body when using box cutter or scissors to make decorations, or garden tools to remove weeds or litter; hurting limbs or breaking bones moving furniture or equipment; being burnt by hot equipment; falling when walking and holding objects; being hit by car in parking lot; and injuries from third parties at the public city facilities. In addition, if transportation is provided to volunteers, serious injuries could occur. I (my child) will promptly notify City staff and stop participating as a volunteer if I (my child) become(s) aware of an unsafe condition.

Knowing these risks, I want [my child] to volunteer with the City of Pleasanton.

I [on behalf of my child] hereby assume these risks, and hereby waive, release and hold harmless the City, its officials, employees, agents, sponsors, promoters, and assigns from any and all claims, liability, cost, expense, including attorneys' fees, or cause of action which I [my child] or my [my child's] heirs, assigns, executors or administrators may have or which may accrue to me [my child], arising out of my [my child's] participation as a volunteer.

I acknowledge and consent that photographs and other images of me [my child] may be made during volunteering, and may be recorded and reproduced in the City's informational and/or promotional material on the City's website, brochures, and flyers, and that I [my child] will not be compensated.

I have read the above and understand that important rights are being waived.

Date

Signature of Volunteer

Print Name of Volunteer

Date

Signature of Parent or Guardian
(If participant is under 18 years old)

Print Name of Parent or Guardian

Parent or Guardian Cell Phone #

Office Use Only

Received by: _____ Date received: _____ TB Clearance: _____ Fingerprint: _____