



## Volunteer Application Volunteer Agreement and Release

Age Group: (Circle)  Teen (under 18 years)  Adult (18-55 years)  Senior (55 years and over)

### PERSONAL CONTACT INFORMATION

Name \_\_\_\_\_  
Last First Name written on nametag

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

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

Birthdate: Month/Day/Year \_\_\_\_\_ T-Shirt size: \_\_\_\_\_

### MEDICAL INFORMATION

Please note any physical restrictions that should be considered in assigning volunteer projects: \_\_\_\_\_

### EMERGENCY CONTACT

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

Relationship \_\_\_\_\_ Physician's Name & Number \_\_\_\_\_

Have you ever been convicted and /or placed on probation from any criminal offenses? Yes \_\_\_\_ No \_\_\_\_  
(A conviction will not necessarily disqualify an individual from volunteering) If so provide dates and detailed information below (including minor offenses)

### ADDITIONAL VOLUNTEER INFORMATION

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

If yes, who was your supervisor? \_\_\_\_\_

Education (circle one): 6 7 8 9 10 11 12 College (circle one): 1 2 3 4 5 6 +

Degree(s): \_\_\_\_\_

Foreign Languages:

Spanish \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Other \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Please circle the areas of interest that you would be willing to assist with:

- |               |                    |                |                                    |
|---------------|--------------------|----------------|------------------------------------|
| All Areas     | Keeper Aides       | Special Events | Docents: Animal Education Programs |
| Arts & Crafts | Happy Hollow Hosts | Puppet Theater | Safari Sam Assistants              |
| Zooteens      | Rides              | Parking        | Zoo/Park Maintenance               |
| Office Work   | Others: _____      |                |                                    |

Please note the days and times you are available for volunteer assignments, **starting** on: \_\_\_\_\_  
(Date)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours							

**CONDITIONS**

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

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

- ◆ Fingerprinting
- ◆ Background Investigation
- ◆ Negative TB test results (maximum period of 2 years preceding start of service)

State law requires that all persons having supervisory or disciplinary authority over minors in the City’s recreational programs, be fingerprinted and undergo a state background check. The City may by policy, require background checks that exceed state requirements including federal criminal background checks.

I, \_\_\_\_\_, agree to volunteer my services to the CITY OF SAN JOSE ("City") and to comply with the City’s volunteer code of conduct (a copy of which has been provided to me).

**I understand that during the course and scope of my (or my child’s) volunteer services to the City, I (or my child) 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 (or my child) may sustain during the course and scope of my (or my child’s) 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 (or my child) may have against the City of San Jose, its employees, officer, and agents (collectively referred to as “City”) available to me for an injury as described above (including an injury arising out of the City’s negligence). Further, I release the City from all other liability arising from my (or my child’s) volunteer service or activities as provided hereunder..**

I understand that the City of San Jose may photograph or videotape the volunteer 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.**

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 also acknowledge and agree that my (or my child’s) 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 prior notice or hearing. I, the undersigned, certify that the information stated on this agreement and release 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 or termination of volunteer services.

This agreement shall remain in effect until terminated in writing by either party. Additional information may be provided on the attachments.

Volunteer’s Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Parent’s/Guardian’s Signature \_\_\_\_\_ Date \_\_\_\_\_

City’s Acceptance of Volunteer: \_\_\_\_\_

TB test results: \_\_\_\_\_ Verified by: Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_