



VOLUNTEER APPLICATION FORM
PACIFICA SENIOR CENTER
 540 Crespi Drive, Pacifica, CA 94044



Volunteer Information

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home No. (_____) _____ - _____ Cell No. (_____) _____ - _____

Email Address _____

Emergency Contact

I hereby give my permission for the City to seek emergency medical treatment on my behalf and designate an emergency contact below. _____ (Initial)

First Name: _____ Last Name _____ Relationship _____

Home No. (_____) _____ - _____ Cell No. (_____) _____ - _____

<p><u>Areas of Interest:</u></p> <p><input type="checkbox"/> Kitchen Assistant <input type="checkbox"/> Cashier <input type="checkbox"/> Congregate Lunch Server <input type="checkbox"/> Rummage Sale</p> <p><input type="checkbox"/> Receptionist <input type="checkbox"/> MOW <input type="checkbox"/> SASH <input type="checkbox"/> Staff Assistance <input type="checkbox"/> Fundraiser/Special Events</p> <p><input type="checkbox"/> Program Facilitator (circle): Exercise Arts/Craft Computer Social Maintenance</p> <p><input type="checkbox"/> Other (Please share area of your interest if not listed):</p>
<p><u>Availability:</u></p> <p><input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> AM <input type="checkbox"/> PM Hours: _____</p>

1. Do you have any medical limitations that may impact your volunteer duties? (Please explain)

2. Current volunteer activities:

3. Information from prior work experience or life experience that pertains to volunteer interest:

Personal or Professional References -Please exclude relatives

1. Name _____ Relationship _____ Work No. (_____) _____ - _____

2. Name _____ Relationship _____ Work No. (_____) _____ - _____

Have you ever been convicted of a felony? _____

 Signature of Participant

 Date

Your signature indicates your approval for us to check references, and the information you have provided is correct to the best of your knowledge.

JOB DESCRIPTION

Please make sure you ask you Coordinator for updated copies of job description and other helpful documents.

VOLUNTEER CONFIDENTIALITY AGREEMENT

I agree to maintain strict confidentiality of all client information, including but not limited to the name, address, telephone number, diagnosis, health status, mental or emotional status and/or any other identifying and personal information regarding services provided to Senior Center clients. I understand that client/member information is not to be shared with anyone including your significant other, family members, friends or other staff or volunteers. I agree that if a problem develops that requires possible intervention, information will be provided only to appropriate Senior Services staff member, San Mateo County Aging and Adult Services (TIES Line) social worker or Pacifica Police Officer for possible solutions. I have read and understand my responsibility to maintain strict confidentiality of client information. _____ (Initial)

VOLUNTEER AGREEMENT AND RELEASE

I fully understand that my participation in the Pacifica Senior Services Programs is a volunteer position for which I shall receive no compensation of any kind from the City or from any third party for the volunteer services performed. I hereby represent to the City that I can perform the volunteer service in a competent and satisfactory manner and agree to accept the instructions, directions and orders of the City Department Coordinator relating to my performance.

I further understand that my participation exposes me to the risk of personal injury, death or property damage. I hereby acknowledge that I am voluntarily participating in this event/program and agree to assume any such risks. I hereby release, discharge, agree not to sue, and waive all claims against the City of Pacifica for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the event/program from whatever cause, including the active or passive negligence of the City of Pacifica or any other participants in the event/program.

In consideration for being permitted to participate in the event/program, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Pacifica from and against any and all claims, proceedings, demands, actions, liabilities, damages, or suits of any kind and nature arising out of or in connection with my participation in the event/class.

I HAVE CAREFULLY READ THIS WAIVER, INDEMNITY AGREEMENT AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ANY AND ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

The term of this Agreement shall commence on the date first written, below and shall remain valid until the conclusion of the event/program, unless sooner terminated by either party.

Signature of Participant
or Parent/Guardian if under 18 years of age

Date

For Office Use:		
<input type="checkbox"/> Live Scan Completed	<input type="checkbox"/> Data in Exceed System	<input type="checkbox"/> Original in Central Volunteer File System
<input type="checkbox"/> References Checked	<input type="checkbox"/> Data in Volunteer Hours System	<input type="checkbox"/> Accepted by: _____ Date: _____