



ESTABLISHED 1850

CITY OF VACAVILLE
VOLUNTEER REGISTRATION FORM
650 Merchant St. Vacaville, CA 95688 www.cityofvacaville.com

This form must be completed by anyone volunteering in any capacity for the City of Vacaville

VOLUNTEER ASSIGNMENT: _____		BEG. DATE _____	
If volunteering as part of an organization please list the organization: _____			
		END DATE _____	
NAME _____			
Last		First	
		M.I.	
ADDRESS _____		CITY _____ ZIP _____	
HOME PHONE # _____	WORK PHONE # _____	CELL PHONE # _____	
EMAIL ADDRESS _____			
May Numbers Be Given Out ? Home yes / no Work yes / no Cell yes / no Email yes / no			
<u>In Case of Emergency</u>			
Emergency Contact _____		Relationship _____ Phone # _____	
Alternate Contact _____		Relationship _____ Phone # _____	
Medical Insurance Carrier _____			
Hospital to use in case of emergency _____			
Do you have any health problem we should be aware of in an emergency or that would prevent you from performing the duties of the volunteer assignment YES NO Please list: _____			
Have you lived or worked outside of the state of California? If so please list when and where _____			
I understand that volunteer positions require checking references, and various types of background checks, including, but not limited to, a criminal background check. I hereby authorize any and all such background checks, I hereby agree to release, discharge, indemnify, and hold harmless the City of Vacaville, its officers, and employees of and from any and all claims, damages, or liability, of any nature arising out of or relating in any way to the reference and/or background check contained herein. I am aware as a volunteer for the City of Vacaville, I understand that I will not receive any monetary compensation for the time I contribute. I acknowledge that volunteer service is an "at-will" relationship to the City and that I can be released at any time with or without cause. I certify that all statements made on this registration form or on supplementary materials are true and correct and I authorize the City of Vacaville to investigate the accuracy of this information from any person or organization.			
Signature _____		Date _____	
Volunteers should be at least 16 years old (Police Department - 18 years old). Exceptions to the age limit can be granted with written approval of both the volunteer's parent/guardian and the Supervisor.			
If volunteer is under age 18, I give my permission for my child to volunteer for the City of Vacaville			
Parent/Guardian Signature _____		Date _____	
<u>OFFICE USE ONLY</u>			
Coordinator Signature _____		Supervisor Signature _____	
Date _____		Date _____	
ORIGINAL: Department CC: Human Resources O:\HumanResources\Volunteers\Forms\Volunteer Registration Form October 2023			

CITY OF VACAVILLE VOLUNTEER REGISTRATION FORM

Completion of this form required prior to volunteer assignment.

CITY OF VACAVILLE VOLUNTEER RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I acknowledge that participation as a City of Vacaville ("City") volunteer may involve risk of serious injury, disability, or death, or property damage and loss, which may result not only from each participant's actions, inactions, or negligence, but also from the actions, inactions or negligence of others, including the actions, inactions or negligence or other legal fault of the City and/or City personnel, or from the conditions of the facilities, equipment, or areas where said volunteer work is being conducted, or from the unavailability of emergency medical care, and I hereby assume any and all risks of such injury, death or property damage or loss. I understand that I will not be covered by any medical insurance or coverage by the City other than workers' compensation for volunteers, and that I will not be compensated in any way for my participation as a City volunteer. I hereby waive, release and discharge the City and all City personnel in advance from any and all claims and damages for personal injury, death, or property damage or loss which I may sustain or which may occur as a result of my participation as a City volunteer, even though that liability, injury, or damage or loss may arise out of the negligence or other legal fault of the City and/or City personnel, and further agree to indemnify and hold the City and all City personnel harmless from any loss, liability, damage, cost or expense, including litigation, arising out of or connected in any way with my participation as a City volunteer. I understand and agree that this release and indemnification agreement is intended to be as broad and inclusive as permitted under California law, and that if any portion of this release and agreement is invalid, the balance shall continue in full force and effect. This release and indemnification agreement shall be effective and binding upon myself and my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns.

I HAVE CAREFULLY READ THIS RELEASE AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF VACAVILLE. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS RELEASE AND INDEMNIFICATION AGREEMENT OF MY OWN FREE WILL.

SIGNED: _____
Circle one: Registrant (18 & over) Parent Guardian Senior (60+)

DATE: _____

OFFICE USE ONLY

Coordinator Signature _____ Date _____

Supervisor Signature _____ Date _____

ORIGINAL: Department CC: Human Resources

Notes:

DEPARTMENT OF INTEREST

- Community Services
- Police Department
- Fire Department
- Housing & Redevelopment
- Other (please specify) _____

AREAS OF INTEREST

- | | | |
|--------------------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> Youth Sports | <input type="checkbox"/> Teen Center | Internship <input type="checkbox"/> |
| <input type="checkbox"/> Senior Center | <input type="checkbox"/> Theatre Usher | Start Date <input type="checkbox"/> End Date <input type="checkbox"/> |
| <input type="checkbox"/> General Clerical/data entry | <input type="checkbox"/> Crime Prevention | Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> |
| <input type="checkbox"/> Parking Patrol | <input type="checkbox"/> Senior Visitations | |
| <input type="checkbox"/> Park Watch Patrol | | |
| <input type="checkbox"/> Other (please specify): _____ | | |

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TIME PREFERENCE

- | | | |
|---------------------------------------------|-------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> One time project | <input type="checkbox"/> Regular Hours | |
| <input type="checkbox"/> Five hours a month | <input type="checkbox"/> 10 hours a month | <input type="checkbox"/> 20 hours a month |

EDUCATION

High School _____
 College _____

EXPERIENCE

Employer _____ From _____ to _____
 Duties _____
 Employer _____ From _____ to _____
 Duties _____

PAST VOLUNTEER EXPERIENCE

WHAT DO YOU HOPE TO GAIN FROM THE VOLUNTEER EXPERIENCE

REFERENCES

Please list three persons, who are **not your relatives**, acquainted with your capabilities

Name	Address	Daytime Phone	Evening Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Office Use Only:
 Contingencies prior to placement: ___ Reference Checks ___ Drug Screen ___ Fingerprints ___ DMV History
 (initial those completed) ___ Credit Checks ___ None