

VOLUNTEER Colma Application

Colma Community Center
1520 Hillside Blvd.
brian.dossey@colma.ca.gov

PERSONAL INFORMATION:

Last Name _____ First Name _____

Address _____ City _____ State _____ Zip Code _____

Home Phone () _____ Work () _____ OK to call wk.? _____

Cell Phone () _____ Email: _____

Referred By: Newspaper Flyer Other Volunteer Agency
 School Court Friend Other _____

EDUCATIONAL BACKGROUND:

High School _____ Grade _____

College _____ Major _____ Units Completed _____

VOLUNTEER EXPERIENCE:

Agency _____ Position _____ Hrs per week _____

WORK EXPERIENCE:

Employer _____ Position _____ Hrs per week _____

INTERESTS: In which of the following areas would you like to participate? (Check as many as apply)

Clerical/Data Entry Children's Programs Other _____

AVAILABILITY:

Month	DAYS	HOURS

Have you ever been convicted of a misdemeanor (excluding moving violations) or a felony or been on parole or probation?
(A YES answer to this question is not an automatic bar to acceptance as a volunteer.)

YES If YES, please explain. _____
 NO _____

I hereby certify that all statements made in this application are true and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentations on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that fingerprinting and a background investigation will be required before placement involving children and/or any other sensitive position.

Signature of Applicant _____

Date _____

SPECIAL VOLUNTEER REQUIREMENT FORM

Last Name: _____ First Name: _____

MINOR'S RELEASE

I hereby give permission for my child to participate in Colma's Volunteer Program. I understand that he/she is working on a voluntary basis and there exists no employment relationship between my child the Town of Colma.

I further agree to hold harmless the Town of Colma in regard to any personal injury sustained by my child during the time he/she is engaged in the voluntary activities with the Town.

Parent's Signature _____ Date: _____

FINGERPRINTS

The Town of Colma is required by law to have all individuals age *18 years and older*, working in a position that is sensitive (involving children or confidential material) to be fingerprinted. If you have registered to volunteer in any of these areas, the following steps must be followed before you will be allowed to volunteer.

We hope that this will not be too great of an inconvenience. We are sure you understand the importance of this law. If you have any questions, please contact the Recreation department.

When filling out the fingerprinting card, be sure to use only BLACK ink and clearly print all personal information.

Please contact the Colma Police Department at 997.8321 to schedule an appointment for Livescan fingerprinting.

REFERENCES

We ask that you provide at least three (3) references – business or personal. References should not be related to you.

	NAME	PHONE NUMBER	ACQUAINTANCE	YEARS
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

VOLUNTEER Colma

EMERGENCY FORM

Last Name: _____ First Name: _____

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

Emergency Contact:

Name: _____ Relationship: _____

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

Are there any health conditions or medications that we should know about in case of emergency?

YES ___ NO ___ Please explain: _____

VOLUNTEER AGREEMENT

The Town of Colma will provide the Volunteer the following:

- ◆ Training and orientation to allow the volunteer to meet the responsibilities of his/her position
- ◆ Letter of reference (upon request)
- ◆ Worker's Compensation benefits in case of injury. Must be a registered volunteer with the Town and must regularly submit time cards
- ◆ The same respect given to paid Town staff and deference given to a valuable Town asset
- ◆ Ongoing evaluations and feedback

I, (name) _____ as a Volunteer for the Town of Colma agree to the following:

- ◆ Perform my duties to the best of my ability
- ◆ Regular and prompt attendance. I will notify my supervisor as soon as possible when unable to work
- ◆ Record hours on a daily time card and submit them to the Recreation Department at the end of each month
- ◆ Observe policies and procedures of the Town and the department where assigned

Volunteer Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____