



Date Received \_\_\_\_\_  
Initials \_\_\_\_\_

**CITY OF MONTCLAIR HUMAN SERVICES  
ADULT VOLUNTEER APPLICATION  
\*CONFIDENTIAL\***

\_\_\_\_\_  
LAST NAME FIRST MI

\_\_\_\_\_  
ADDRESS CITY STATE ZIP

\_\_\_\_\_  
HOME PHONE # CELL PHONE # E-MAIL ADDRESS

EMERGENCY CONTACT NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

Do you have any medical or physical conditions that may require special accommodations?  Yes  No  
If yes, please specify: \_\_\_\_\_

Are you bilingual?  Yes  No If yes, what language? \_\_\_\_\_  Written  Oral

Days Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times Available							

Amount of Hours Needed (If Applicable) \_\_\_\_\_

Available Start Date/End Date \_\_\_\_\_



**VOLUNTEER STATEMENT OF UNDERSTANDING**

I, \_\_\_\_\_, hereby desire to participate in the City of Montclair Human Services Department programs and activities, wherein I will be performing voluntary service for residents of the City of Montclair. I understand that I will receive no payment or other remuneration for my time and service in this program. I further understand and agree as follows: I am not an employee of the City of Montclair; I have no right to make a claim under the Workers' Compensation laws of California for any injury sustained in performing such voluntary service; I also acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that participation in the activities, classes, and programs may cause me to be exposed or infected by COVID-19 and that such exposure or infection may result in personal injury, illness, permanent disability, and death; I, along with my family, guardians, assignees, or legal representatives, will not make a claim for injury or damages resulting from negligence or other acts, howsoever caused, by any employee, agent, or contractor of the City of Montclair, as a result of my participation in this program; and I hereby release the City of Montclair, its employees, agents, and representatives, from all liabilities, claims, and causes of action that I, my family, guardians, assignees, or legal representatives, have now or may hereafter have, for injury or damage resulting from my participation in these activities. For both the internal and external use, I, the undersigned, hereby authorize and give the City of Montclair, its legal representatives and assignees, the right to publish, without charge, photographs or videos taken during activities or at special events sponsored by the City of Montclair where I may appear. I further authorize that these photographs, artwork and videos may be used in publications, catalogues, brochures, newsletters, audio-visual presentations, promotional literature, advertising, webpages, and/or other media or commercial, informational, educational, training, recruiting or promotional materials relating thereto using any means, method or media which the City of Montclair deems appropriate in its sole discretion. I consent to such uses and hereby waive all rights to compensation. I hereby warrant that I, the undersigned, am over eighteen (18) years of age and am competent to contract in my own name so far as the above material is concerned.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Type of Placement Preferred**

**Youth Basketball**

(Fingerprinting Required)

- Coach       Scorekeeper/Timer       Gym Monitor

**Adult Basketball/Volleyball**

- Scorekeeper/Timer       Gym Monitor

**Senior Programs**

(Fingerprinting Required for Certain Placements)

- Nutrition Program Helper       Office/Admin  
 Senior Center Front Desk       Activities/Exercise Instructor

**Por La Vida**

(Healthy Lifestyle Program)

- Marketing       Office/Admin

**Community Programs**

- Monthly Food Distribution

**Medical Clinic**

- Office/Admin

**Special Events**

- General Assistance

**Other Areas of Interest:** \_\_\_\_\_

**Please briefly describe why you are interested in volunteering with the City of Montclair:**

\_\_\_\_\_  
\_\_\_\_\_

**Please list any specialized skills, training and/or certification (ex: food handlers, first aid & CPR, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

**Experience: Please describe any relevant work or volunteer experience**

\_\_\_\_\_  
\_\_\_\_\_

**Convictions:** Other than minor traffic violation or a possession of marijuana conviction which precedes the date of this application by at least two years, have you ever been convicted of a criminal offense? If “yes”, please explain below. (Convictions are evaluated for each position and are not necessarily disqualifying; however, not truthfully identifying a conviction is grounds for disqualification.)

Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**References (Optional, but encouraged)**

<u>Name</u>	<u>Phone</u>	<u>Email</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Please return completed application in person or through mail:**

Quaresha Fields | Human Services Department | 5111 Benito Street, Montclair, CA 91763

**Questions? Contact us!**

qfields@cityofmontclair.org | (909) 625 - 9486