



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:
Human Services Department | 5111 Benito Street, Montclair, CA 91763
Questions: (909) 625 - 9486