



## City of Sonoma Volunteer Information Form

*(Volunteers to complete this form prior to activity and submit to the Group Supervisor for the event. Group supervisor will submit completed forms to City Coordinator following the event.)*

Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

### Medical Information:

Do you have a health problem we should be aware of in case of an emergency? \_\_\_\_\_ If yes, please describe. \_\_\_\_\_

Do you take medication? \_\_\_\_\_ If yes, medication is \_\_\_\_\_

Are you allergic to any medication? \_\_\_\_\_ If yes, that medication is \_\_\_\_\_

Name of health insurance \_\_\_\_\_ I.D. number \_\_\_\_\_

### Person to call in case of emergency:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone number \_\_\_\_\_ Relationship \_\_\_\_\_

**Automobile Insurance:** If applicant is volunteering for tasks which will require the use of his/her automobile, he/she must complete the following:

Driver's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Make of car \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ License No. \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

I certify that I have minimum liability insurance coverage as follows: \$15,000 for injury to, or death of, one person; \$30,000 for injury, or death of, 2 or more persons in one accident; \$5,000 for property damage.

Signature \_\_\_\_\_

### Waiver:

As a volunteer for the City of Sonoma, I understand that I will be covered under its workers' compensation program for any injury, illness, or death I suffer resulting from the services I provide as a City volunteer. I therefore, waive any tort claim either on my behalf or on the behalf of anyone else, against the City, its officers, elected officials or employees for any illness, injury, death or third party liability which may arise from my volunteer services.

Signature \_\_\_\_\_

If applicant is under age 18, parent/guardian must complete the following:

As parent/guardian of this minor, I have reviewed the volunteer application form and give my consent for (name) \_\_\_\_\_ (age) \_\_\_\_\_ to participate in the volunteer program subject to the terms and conditions expressed herein.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

# City of Sonoma Supplementary Questionnaire

*(Complete if volunteer is being considered for the supervision of minors. This questionnaire is not required for parents or guardians providing direct supervision of their own minor children during the activity.)*

Section 5164 of the Public Resources code of the State of California prohibits the City of Sonoma from hiring person for employment at, or hiring a volunteer to perform services at, any of its parks, playgrounds or recreational centers used for recreational purposes in a position having supervisory or disciplinary authority over any minor, if the person has been convicted of certain crimes under the California Penal Code. Section 5164 also authorizes the City of Sonoma to screen any such prospective employee or volunteer for his or her criminal background. In light of your interest in being hired by the City of Sonoma for employment at, or being hired as a volunteer to perform services at, any of its parks, playgrounds or recreational centers used for recreational purposes, in a position having supervisory or disciplinary authority over any minor, and in order to give effect to Section 5164 of the Public resources Code of the State of California, please answer the following supplemental questions:

1. Have you ever been convicted of any crime?      Yes\_\_\_      No\_\_\_

If your answer is Yes, please describe the crime for which you were convicted, the date upon you were convicted and the jurisdiction in which you were convicted:

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2. Without in any way limiting the foregoing, have you ever been convicted of any crime involving an assault with intent to commit a felony, any crime against a person involving sexual assault, any crime against public decency and good morals, disorderly conduct, annoying or molesting a child under 18, kidnapping, robbery or carjacking?    Yes\_\_\_      No\_\_\_

If your answer is Yes, please describe the crime for which you were convicted, the date upon which you were convicted and the jurisdiction in which you were convicted:

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3. Are you currently released on bail or on your own recognizance for any crime?    Yes\_\_\_    No\_\_\_

If your answer is Yes, please describe the crime for which you were convicted, the date upon which you were convicted and the jurisdiction in which you were convicted:

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