



# VOLUNTEER APPLICATION

## CitySERVE Program / Volunteer Initiative Program

City of Santa Cruz

County of Santa Cruz



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Availability:

Hours per day \_\_\_\_\_

Preferred Days (Please circle): M T W TH F SAT SUN

Preferred Time of day:  Mornings  Afternoon  Evenings

Length of commitment you seek:  Less than 3 months  3-6 months  6-12 months  As long as needed

What are your goals for a volunteer position right now?

Are you currently a student? If so, what school are you attending?

Elementary/Jr. High: \_\_\_\_\_ High school: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

Do you have Community Service Hours assigned by the Court?  Yes  No

Are you currently on bail or your own recognizance pending trial for a criminal offense?  Yes  No

Have you been convicted, as an adult, of a crime under your name or another name?  Yes  No

If you answered yes to any question above, please provide details (offense, when, where, and disposition of case).

Conviction of a crime is not necessarily a bar to volunteering. Each case will be considered separately based on volunteer position requirements.

Are you, or have you ever been, an employee of the County of Santa Cruz?  Yes  No If yes, with what department? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in this interest form. I am aware that fingerprinting is required for all volunteer assignments related to children and in certain other departments. I understand that this is a non-paid position with no promise, expressed or implied, of consideration for future employment.

Signature of Applicant: X \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: X \_\_\_\_\_ Date: \_\_\_\_\_

(If Applicant is under the age of 18)

**Please return to:**  
**VIP: 701 Ocean St, Rm 30, Santa Cruz, CA 95060**  
**Phone: (831) 454-2987 Fax: (831) 454-3463**

The following information is voluntary and it will help our program evaluate its recruitment practices and compile required statistical reports. The information will not be used to discriminate against, or give preference to, any individual in any volunteer position. Thank you for your cooperation.

1. How did you hear about this program?  Newspaper  Website  Flier  Other: \_\_\_\_\_
2. Ethnic Origin:  Caucasian/White  Native American/Alaskan Native  African American/Black  
 Asian / Pacific Islander  Latino/Hispanic  Decline to State
3. Gender:  Male  Female
4. I would like to receive CitySERVE/VIP emails regarding upcoming/on-going volunteer opportunities!  YES  NO
5. County/City of Santa Cruz Department(s)...Please list priority departments/projects of interest:  
I. \_\_\_\_\_ II. \_\_\_\_\_ III. \_\_\_\_\_ IV. \_\_\_\_\_



# Volunteer Initiative Program

A Program of the Volunteer Centers and the County of Santa Cruz

## **VOLUNTEER AGREEMENT AND RELEASE OF LIABILITY**

The Volunteer Initiative Program is a volunteer program created by the Volunteer Centers of Santa Cruz County ("Volunteer Centers") and the County of Santa Cruz ("County") in order to provide volunteer opportunities to the community while improving the County. Participation with the Volunteer Initiative Program is strictly voluntary and bound by the terms of this Agreement. No person may volunteer with the Volunteer Initiative Program prior to the Volunteer Initiative Program receipt of this completed Agreement.

1. By signing this Agreement I, \_\_\_\_\_, acknowledge that I am not an employee of the County or the Volunteer Centers and that my performance of voluntary services will be uncompensated. I agree to cooperate with my volunteer supervisor and adhere to the policies of the Volunteer Initiative Program at all times in the performance of my volunteer services. I agree that I will not use power equipment, or stand on any object taller than two (2) feet tall, or otherwise engage in dangerous activities while volunteering with the Volunteer Initiative Program. I will not drive any County automobile in connection with my volunteer services.
2. I hereby agree to release and hold harmless the County, its officers, agents, employees, and volunteers for any claim for personal injuries and damage to property that I, or anyone claiming under me or on my behalf, may incur arising out of or in any manner related to the performance of my voluntary services or participation with the Volunteer Initiative Program. I further agree to indemnify, hold harmless and defend the County, its officers, agents, employees, and volunteers from any and all claims, demands, actions, judgments, costs, attorney's fees and damages of any kind for liability which the County may incur arising out of or in any manner related to the performance of my voluntary services or participation with the Volunteer Initiative Program.
3. While participating as a volunteer with the Volunteer Initiative Program, I hereby authorize the taking of my picture, by photograph, movie, or videotape or otherwise ("pictures") for use by the Volunteer Initiative Program. I hereby irrevocably consent to and authorize the use and reproduction of such pictures for use by the Volunteer Initiative Program without compensation.
4. As a Volunteer Initiative Program volunteer, you are covered by the Volunteer Center's Volunteer accident and personal injury insurance should you be injured while volunteering in assigned duties that are consistent with the safety rules outlined in this agreement. Please report any injuries immediately to your supervisor, or call the Volunteer Initiative Program office at 454-2987.

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **IF VOLUNTEER IS UNDER 18, PARENT OR GUARDIAN MUST SIGN BELOW**

I, \_\_\_\_\_, on behalf of my child, myself, and our representatives, do hereby consent to allow my child, \_\_\_\_\_, to participate as a volunteer with the Volunteer Initiative Program, subject to all of the terms and conditions above. I further expressly agree, on behalf of my child, myself, and our representatives, to all of the terms and conditions above, including but not limited to paragraphs 1, 2, 3 and 4.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

#### **PLEASE RETURN TO:**

**VIP:** 701 Ocean St., Room 30 Santa Cruz, CA 95060

**Phone:** (831) 454-2987

**Fax:** (831) 454-3463

# VOLUNTEER CONTRACT AGREEMENT

*Contract must be completed before volunteer begins assignment!!*

CitySERVE Volunteer Program / Volunteer Initiative Program

City of Santa Cruz

County of Santa Cruz

Volunteer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Volunteer Supervisor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Department/Division: \_\_\_\_\_ Address/Rm: \_\_\_\_\_

Project Title: \_\_\_\_\_ Volunteer Title: \_\_\_\_\_

## VOLUNTEER SUPERVISOR RESPONSIBILITIES

- Complete any legal requirements (background check, fingerprinting, etc.) before vol. starts
- Provide initial and ongoing training and supervision
- \* Complete contract with volunteer and return to program coordinator
- \*Inform the program coordinator of any injuries occurring while the vol. is on assignment
- Contact program coordinator regarding any problems during the contract period
- \*Inform program coordinator if volunteer vacates position

## VOLUNTEER RESPONSIBILITIES

- Log in volunteer hours on timesheets provided
- \*Return volunteer timesheets to program coordinator at the end of each month
- Arrive to assignment on time; inform supervisor if you will be late or absent
- Fulfill time commitment, as listed below
- Contact program coordinator regarding any problems during the contract period
- \*Inform supervisor of any injury occurring while on volunteer assignment
- \*Contact program coordinator when (or before) leaving position

WORK SCHEDULE: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ (not to exceed 1 yr.)

**Estimated Hrs. Per Mon.** \_\_\_\_\_

I understand that as a VIP/CitySERVE volunteer I am covered while volunteering by VIP/CitySERVE's Volunteer Insurance respectively, and am not covered under the County/City of Santa Cruz's Workman's Compensation policy. I further understand that the insurance provided by VIP/CitySERVE is excess insurance and is secondary to my existing insurance, should I have insurance. Furthermore, I understand and agree to the responsibilities expected of me while volunteering.

Volunteer Signature X \_\_\_\_\_ Date: \_\_\_\_\_

I understand and agree to the responsibilities expected of me as a volunteer supervisor and understand that volunteers are covered under volunteer insurance purchased by the Volunteer Center.

Volunteer Supervisor Signature X \_\_\_\_\_ Date: \_\_\_\_\_

**\*VOLUNTEER IS NOT ENROLLED UNTIL THIS CONTRACT IS RECEIVED!\***

## PLEASE RETURN TO:

VIP: 701 Ocean St. Room 30 Santa Cruz, CA 95060 Fax: (831) 454-3463; OR  
CitySERVE: 809 Center St. Room 6 Santa Cruz, CA 95060 Fax: (831) 420-5041

*Questions? Please contact the program coordinator*

VIP (831) 454-2987 CitySERVE (831) 420-5403

# **VOLUNTEER INSURANCE INFORMATION**

## Volunteer Initiative Program County of Santa Cruz

While VIP has an excellent safety record, it is important for you to understand the types of volunteer insurance you are covered under as a VIP volunteer.

Each volunteer is eligible for three kinds of insurance. These policies provide coverage for you while participating in volunteer activities as a VIP volunteer.

The insurance policy certificates are held by the Volunteer Centers of Santa Cruz County. This is not a substitute for any insurance you may now carry, and only applies while you are performing your assignment as a volunteer in the program and while on your way to and from your volunteer site. Complete information regarding volunteer insurance is available at the VIP office. If you have any questions regarding insurance please contact the Program Coordinator at (831) 454-2987.

### **Accident Insurance:**

As a volunteer you are **not** covered by the Workers Compensation policy for the County of Santa Cruz. The Volunteer Center does provide **excess medical coverage** up to \$25,000 per occurrence over and above any other existing insurance. This excess medical coverage is meant to insure that you, as a volunteer, do not have any out of pocket expense due to a volunteer related injury. Our insurance works with your insurance to cover any deductibles or co-pays so that you do not experience out of pocket expense. If you do not have any other insurance, our insurance becomes primary for volunteer related injuries.

### **Liability Insurance:**

All VIP volunteers are provided with Personal Liability Insurance at a limit of \$1,000,000 per occurrence. This policy provides protection for a personal injury or property damage liability claim arising out of the performance of your volunteer duties. This coverage is in excess and non-contributing with any other valid or collective insurance you may have. This policy excludes injury or damage arising out of the use of an automobile. It also excludes errors or omissions in connection with the registered volunteer's professional services.

### **Excess Automobile Liability Insurance:**

***\*\* You are not automatically covered for auto insurance – to be covered you must fill out a separate Excess Automobile Liability Insurance form\*\****

This coverage protects the registered volunteer driver for bodily injury or property damage claims arising out of their volunteer activities. The liability policy is written at a combined single limit as respects bodily injury and property damage of \$500,000 each accident. This policy excludes property damage to property owned or transported by the registered volunteer driver, or in their care, custody or control. This insurance only covers volunteers when they are driving their own vehicles, not while driving County vehicles.

***Questions? Please contact the Volunteer Initiative Program Office (831) 454-2987***

# Volunteer Initiative Program

A Program of the Volunteer Centers and the County of Santa Cruz

## Fingerprinting

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*Required for any volunteer working with money, minors or confidential documents.*

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### **Procedure:**

1. **Volunteer Supervisor** notifies Volunteer Initiative Program (VIP) regarding which volunteer(s) need to be fingerprinted.
2. **VIP** will notify the **County Personnel Office** and ask that the necessary Live Scan forms be prepared for Volunteer.
3. **Volunteer** picks up Live Scan forms from **County Personnel Office** – located on the 3<sup>rd</sup> floor of the County Building [701 Ocean Street – Room 310. Live Scan fingerprinting hours are 1:15PM – 4:00PM]. **Please be sure to have a valid ID with you.**
4. **Live Scan** office notifies **VIP** regarding approved clearances and background check. [Note: Results from Live Scan may take 2-4 weeks].
5. **VIP** notifies the **Volunteer Supervisor** of Fingerprinting clearance. **Volunteer Supervisor** notifies **Volunteer**.

*Note: The County of Santa Cruz covers the cost of Fingerprinting for all VIP Volunteers*

If you have any questions, please contact the  
Volunteer Initiative Program Coordinator at (831) 454-2987