



VOLUNTEER APPLICATION

Community Services Department

P.O. Box 520 – 200 Old Bernal Avenue – Pleasanton, California 94566

All volunteers may be subject to fingerprint clearance and TB testing.

Name _____ Date _____

Address _____ City _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Email _____

Month and Day of Birth _____

Circle the highest grade of school you have completed: 1 2 3 4 5 6 7 8 9 10 11 12 or More

High School Grad.: ___ Yes ___ No If no, passed High School Equivalency Test: ___ Yes ___ No

Name and Location of College or University _____

Degree _____ Special Training/Licenses _____

Have you ever been convicted of a felony or misdemeanor? ___ Yes ___ No

List all convictions (including date and name and location of court where convicted) after your 18th birthday (a "yes answer is not an automatic bar to placement, but an untrue statement will disqualify you. If yes, please explain fully.)

WORK EXPERIENCE

Are you presently employed? (check as many as apply)

___ Employed full time ___ Employed part-time ___ Unemployed ___ Student

___ Retired ___ Homemaker

Name of current employment company or school _____

Address _____ City _____ Zip Code _____

Job Title or School Year _____

SKILLS OR AREAS OF INTEREST

- Languages
- Read _____
- Speak _____
- Write _____
- Gardening
- Carpentry
- Cooking
- Computer Trainer
- Health/Nutrition Related Projects
- Other (please specify) _____
- Office Assistant
- Photography
- Painting
- Graphic Design
- Research
- Grant Writing
- Marketing
- Craft/Sewing
- Data Entry
- Fine Arts
- Special Events
- Docent
- Usher
- Performing Arts
- Youth Sports Coach
- Lecturer on _____
- Technical Consultant on _____
- Teacher/Trainer
- Writer
- Senior Citizen Activities
- Recreation Activities
- Sports Activities
- Media/Technical Arts
- Environmental Education

DEPARTMENTS AND PROGRAMS

- Alviso Adobe Community Park
- Gingerbread Preschool
- Youth Sports
- Recreation Activities for the Developmentally Disabled
- Firehouse Arts Center
- Senior Center
- Adult Sports
- Dolores Bengtson Aquatic Center
- Sports Park Fieldhouse
- Hometown Holiday Celebration
- Administration

Would you be willing to be "on-call" for special assignments? Yes No

Availability:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

EMERGENCY CONTACT INFORMATION

People to contact in Case of Emergency:

Name: _____ Cell Phone _____

Relationship: _____ Work Phone _____

Name: _____ Cell Phone _____

Relationship: _____ Work Phone _____

Physician: _____ Phone _____

Address: _____ Medical Plan: _____

Special Medical Needs/Accommodations: _____

Medications/Allergies: _____

Office Use Only

Date Received _____ Volunteer Contacted _____ Placement _____

Waiver Signed _____ TB Cleared _____ Fingerprint Cleared _____ Staff _____

All applicants must sign the Wavier, Release and Assumption of Risk; Consent and Waiver for Use of Sound Recording, Image and Likeness. If applicant is under 18 years of age, a legal guardian/parent signature is also required.

City of Pleasanton
WAIVER, RELEASE AND ASSUMPTION OF RISK
CONSENT AND WAIVER FOR USE OF SOUND RECORDING,
IMAGE AND LIKENESS

The City of Pleasanton ("City") is sponsoring the following activity:

I voluntarily agree to my [my child's] participation in this activity. I am [My child is] physically fit to participate in this activity. I understand that this activity involves risks and that serious injuries could occur while I am [my child is] participating in this activity. In addition, if transportation is provided to the activity, serious injuries could occur. Knowing these risks, I want [my child] to participate in this activity.

I acknowledge and consent that photographs and other pictorial works, motion pictures, videos, and other audiovisual works, sound recordings, musical works, dramatic works, and/or pantomimes and choreographic works of or made by me [my child] ("Works") may be made during the activity, and that my [my child's] voice, image, and likeness may be recorded and reproduced in the Works and related informational and/or promotional material ("Related Materials"). I also acknowledge and consent to my [my child's] name being identified in the Works and Related Materials, and that the Works and Related Materials may be publicly promoted and distributed in many ways, including, but not limited to, the City's website, brochures, and flyers.

I acknowledge and consent that I [my child] will not be compensated for the Works and Related Materials, the City exclusively owns all rights to the Works and Related Materials, and the City may use them at its discretion.

I [on behalf of my child] hereby assume the risk, and hereby waive, release and hold harmless the City, its officials, employees, agents, sponsors, promoters, and assigns of this activity, for any and all claims, liability, cost, expense, including attorneys' fees, or cause of action for defamation, invasion of right to privacy, publicity, or personality or any similar matter which I [my child] or my [my child's] heirs, assigns, executors or administrators may have or which may accrue to me [my child], arising out of my [my child's] participation in this activity, including transportation to or from the activity or the use of the Works and Related Materials.

I have read the above, understand that important legal rights are being waived, and sign it freely and voluntarily.

Date	Signature of Volunteer	Print Name of Volunteer	Volunteer age
	Signature of Parent or Guardian (if participant is a child)	Print Name of Parent or Guardian	
	Parent or Guardian Cell Phone #		