

VOLUNTEER APPLICATION

City of La Mesa Community Services - Adult Enrichment Center 8450 La Mesa Boulevard - La Mesa, CA 91942 (619) 667-1322

(FU	R OFFICE USE ONL
Date Sent	•
Fingerprinted	
Response:	

	(LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	
ADDRESS	:	(NUMBER & STREET)	PHONE:	
6000-000E	(CITY)	(STATE) (ZIP CODE	EMAIL:	
EMERGEN	NCY CONTACT NAME:		RELATIONSHIP:	
MERGEN	NCY CONTACT PHONE NUM	1BER:		
s No				
SNO				
	1. Are you now, or have y	ou ever been, employe	d by the City of La Mesa?	
	2. Are you related to any current employee, elected or appointed official of La Mesa?			
	3. Do you speak and understand a second language, or possess other special skills or training			cills or training
	l l	_		
DI EASE EV	which would enhance y	our qualifications for th	is position?	
PLEASE EX	which would enhance y PLAIN ALL "YES" ANSWERS IN	our qualifications for th	is position?	
PLEASE EX		our qualifications for th	is position?	
	PLAIN ALL "YES" ANSWERS IN	our qualifications for th	is position? DELOW:	
		our qualifications for th	is position? DELOW:	GRADUATE?
CIRCLE HI	PLAIN ALL "YES" ANSWERS IN	our qualifications for th	is position? DELOW:	
1 2 3 4	IGHEST GRADE COMPLETED 5 6 7 8 9 10 11 12 7 BUSINESS/TRADE SCHOOL	Our qualifications for the NTHE SPACE PROVIDED NAME / LOCATION	DF SCHOOL	GRADUATE? YES NO GED
1 2 3 4	IGHEST GRADE COMPLETED 5 6 7 8 9 10 11 12	our qualifications for th	is position? DELOW:	GRADUATE?
1 2 3 4	IGHEST GRADE COMPLETED 5 6 7 8 9 10 11 12 7 BUSINESS/TRADE SCHOOL	Our qualifications for the NTHE SPACE PROVIDED NAME / LOCATION	DF SCHOOL	GRADUATE? YES NO GED
CIRCLE HI	IGHEST GRADE COMPLETED 5 6 7 8 9 10 11 12 7 BUSINESS/TRADE SCHOOL	Our qualifications for the NTHE SPACE PROVIDED NAME / LOCATION	DF SCHOOL	GRADUATE? YES NO GED

All volunteers are required to be fingerprinted on or before the first day of work. The fingerprints are sent to the Department of Justice to obtain records of any and all convictions and/or arrest pending adjudication. Certain convictions or arrests may preclude a volunteer from being accepted for assignments with the City of La Mesa.

LIST AT LEAST ONE (1) PERSON NOT RELATED TO YOU WH	O CAN BE CONTACTED AS A REFERENCE.
NAME:	PHONE NUMBER:	RELATIONSHIP:
NAME:	PHONE NUMBER:	RELATIONSHIP:
_	olunteer position placement, plea	ase answer the following questions:
2. Describe previous	s experience which would assist you	u in a volunteer assignment.
	f interest. (for example; clerical, Cor	nmunity Service, Public Works, RSVP, etc.)
4. List your days an	nd hours of availability.	
	nment for which you are volunteerin	ide concerning your qualifications or interests g.

WAIVER AND INDEMNITY AGREEMENT FOR VOLUNTEER SERVICE

("Volunteer's") is providing voluntary services to the City of La Mesa ("City"). For and in consideration of permitting Volunteer to serve, the Volunteer agrees to indemnify, hold harmless and defend the City and its elected officials, officers, officials, employees, agents and other volunteers from and against any and all loss, liability, costs and damages (whether in contract, tort or strict liability, including but not limited to personal injury, death at any time and property damage) incurred by the City or any other person, and from any and all claims, demands and actions in law or equity (including attorney's fees and litigation expenses), arising or alleged to have arisen directly or indirectly out of the gross negligence, intentional act or willful misconduct of Volunteer related to his/her voluntary service to the City.

The Volunteer agrees that the City and its elected officials, officers, officials, employees, agents and other volunteers will not be liable for any loss or damage to Volunteer's owned, rented, leased, or loaned property or property in his/her care, custody and control. Further, Volunteer waives his/her right of recovery against the City and its elected officials, officers, officials, employees, agents and other volunteers for loss or damage to his/her owned, rented, leased, or loaned property or property in his/her care, custody and control.

The Volunteer, for him/herself, his/her parents, legal guardians, heirs, executors, administrators or assigns, agrees and understands that he/she has been designated a "Volunteer" in accordance with the City's Resolution No. 16415 and is deemed to be an employee of the City solely for the purpose of Workers' Compensation coverage, and agrees and understands that his/her sole and exclusive remedy for personal injury or death while performing services as a volunteer shall be a claim for Workers' Compensation benefits in accordance with the laws of the State of California. Further, the Volunteer, for him/herself, his/her heirs, executors, administrators or assigns waives and relinquishes any interest or right to claim any interest in any other employment benefits offered employees of the City by reason of any common law employee rights theory or similar employment entitlements of any kind.

City shall be reimbursed for all costs (including attorney's fees and legal expense) incurred by City in enforcing this Waiver and Indemnity Agreement.

This Waiver and Indemnity Agreement shall survive Volunteer's voluntary service to the City.

The Volunteer agrees that the contents of this document shall be binding upon his/her heirs, executors, administrators and assigns.

The Volunteer acknowledges that he/she (i) has read and fully understands the content of this Waiver and Indemnity Agreement; (ii) has been fully and completely advised of the potential dangers incidental to providing the voluntary service to the City; (iii) has had the opportunity to consult with his/her attorney, in his/her discretion; and (iv) is fully aware of the legal consequences of signing this document.

AFFIDAVIT - READ VERY CAREFULLY AND SIGN BELOW.

I declare under penalty of perjury that all answers and statements in this application are true and complete to the best of my knowledge and belief. I understand that untruthfulness or misleading answers are cause for rejection of this application or dismissal as a City volunteer. I certify that I meet the specified requirements for this position. I understand that my acceptance as a volunteer with the City of La Mesa may be contingent upon the results of a background check, which includes fingerprinting on or before the first day of volunteer work, and may also include a D.M.V. check. As a volunteer for the City of La Mesa, I understand that I may be exposed to sensitive or confidential information or assigned to work with vulnerable persons. Any disclosure of confidential information or violation of personal rights could result in civil or criminal liability for the City of La Mesa. I understand that the results of any of the foregoing may be grounds for disqualification. I further understand that laws related to this application may be subject to change. I certify that I have not altered the language or format of this form.

SIGNATURE:		DATE: