

Volunteers Needed

For the

2010 Census Complete Count Committee for the City of Fontana

The City of Fontana is looking for volunteers to assist with the 2010 Census Complete Count Committee Outreach Program. The positions are non-paid. Volunteers must be at least 16 years of age. Assistance will be needed to help reach out to businesses, community organizations, and churches to provide information regarding the 2010 Census. We will need people to interact with residents by being present at City events such as the Festival of Winter, Cruise Night and various sporting events passing out flyers. Weekends and evenings will be required. Volunteers must provide their own transportation to and from various Census events throughout the City of Fontana. Marketing experience and/or bilingual skills is a plus.

Please contact Ultima Andrews at (909) 350-7610 or uandrews@fontana.org.

Volunteers will be needed to begin on December 12, 2009 through mid August of 2010.

What is the Census?

The U.S. Census counts every resident in the United States, and is required by the Constitution to take place every 10 years.

The 2010 Census will help communities receive more than \$400 billion in federal funds each year for things like; hospitals, job training centers, schools, senior centers, bridges, tunnels and other public works projects and emergency services.

In March of 2010, census forms will be delivered to every residence in the United States and Puerto Rico. The form contains 10 short questions. Once the form is complete it is then mailed back. If the form is not completed residents may receive a visit from a census taker, who will ask the resident the 10 questions.

What is the Complete Count Committee?

Local Government Complete Count Committees are charged with developing and implementing a census awareness campaign that motivates every resident in every household to respond to the 2010 Census in a timely manner.



VOLUNTEER APPLICATION

2010 Census Complete Count Committee – City of Fontana

Local Government Complete Count Committees are charged with developing and implementing a census awareness campaign that motivates every resident in every household to respond to the 2010 Census in a timely manner.

NAME: _____

ADDRESS: _____ TELEPHONE/CELL #: _____

CITY: _____ ZIP CODE: _____ Email: _____

Are you age 16 or older? _____

EMERGENCY CONTACT: _____

ADDRESS & TELEPHONE _____

AVAILABILITY: _____ (Hours per Week) _____ (Days of Week)

EDUCATION/EXPERIENCE

HIGH SCHOOL GRADUATE OR EQUIVALENT: ___ YES ___ NO

COLLEGE GRADUATE/CURRENT ENROLLMENT: ___ YES ___ NO

EXPERIENCE: (PAID AND/OR VOLUNTEER):

COMPANY/ORGANIZATION

DATES OF EMPLOYMENT

SUPERVISOR

REFERENCES (DO NOT LIST RELATIVES)

NAME _____ PHONE NUMBER _____

NAME _____ PHONE NUMBER _____

GENERAL RELEASE OF LIABILITY: For and in consideration of the granting of permission to participate in the activities conducted by and/or with City personnel, in my volunteer status, the undersigned, on behalf of him/herself, his/her heirs, executors, administrators, and assigns, hereby fully releases and discharges City of Fontana, its members, agents, and employees from any and all claims, actions and liabilities that may arise as a result of my volunteer participation with the City of Fontana.

The undersigned has read this General Release of Liability and fully understands and acknowledges the significance of said General Release of Liability and hereby assumes full responsibility for any injuries, damages or losses that he/she may incur from my volunteer participation with the City.

As a Volunteer, I understand that I will be at-will and that my services may be terminated without cause, at any time, at the sole discretion of the City of Fontana. I also understand that I am not entitled to receive compensation or benefits of any kind from the City, including those afforded in accordance with CA Workers' Compensation laws. I am also aware that I have no expectation of future employment with the City of Fontana

I further understand that should I use my automobile in Volunteer Service, I will keep in effect, automobile liability insurance equal at least to the minimum limits required by the State of California.

REVIEW CAREFULLY BEFORE SIGNING

DATED: _____

Printed Name of Participant

Signature

Signature of Parent or Guardian (if a minor)

Application must be returned to:
Ultima Andrews, 8353 Sierra Ave., Fontana, CA 92335 or via email at uandrews@fontana.org

Questions?? Call Ultima Andrews at (909) 350-7610 or
Cheryl Cabaruvias at (909) 350-6559

DSO Review and Comments: _____
