



# CITY OF FONTANA

## VOLUNTEER APPLICATION

AREA IN WHICH YOU REQUEST TO PERFORM VOLUNTEER WORK: \_\_\_\_\_

AVAILABILITY: \_\_\_\_\_ (Hours per Week) \_\_\_\_\_ (Days of Week)

### PERSONAL INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE/CELL #: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ Email: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

ADDRESS & TELEPHONE \_\_\_\_\_

### PERTINENT SKILLS

\_\_\_ TYPING/WPM \_\_\_ FILING \_\_\_ COMPUTERS \_\_\_ RESEARCH \_\_\_ WRITING \_\_\_ OTHER (explain)

\_\_\_\_\_

### EDUCATION/EXPERIENCE

HIGH SCHOOL GRADUATE OR EQUIVALENT: \_\_\_ YES \_\_\_ NO

COLLEGE GRADUATE/CURRENT ENROLLMENT: \_\_\_ YES \_\_\_ NO

LAST SCHOOL/COLLEGE ATTENDED: \_\_\_\_\_ MAJOR: \_\_\_\_\_

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 the Human Resources Department for processing

HR Review and Comments: \_\_\_\_\_

\_\_\_\_\_



## City of Fontana Volunteer Addendum

Pursuant to Public Resources Code Section 5164, the City of Fontana cannot hire or permit a person to volunteer, to perform services at a City-operated park, playground, or recreational center used for recreational purposes, in a position having supervisory or disciplinary authority over any minor, if that person has been convicted of any offenses specified in paragraph (1) subdivision (h) of Section 11105.3 of the Penal Code, or some multiple misdemeanor offenses specified in paragraph (3) of subdivision (9h) of Section 11105.3 of the Penal Code. We are required to ask you to respond to the following questions. This information will be kept confidential.

If you are ultimately selected for a position with the City of Fontana, and before you can commence employment or volunteer services, you will be required to submit fingerprint clearance with the Department of Justice (DOJ). Your responses here will be compared to the DOJ report. A response shown later to be untrue will result in rejection for or dismissal from employment.

Have you ever been convicted of any of the following crimes:

Penal Code Section/Description	Yes	No	If yes, approximate date of conviction
211: Robbery			
215: Carjacking			
217.1: Assault on a public official			
220: Rape, sodomy or other coerced sexual acts			
236: False imprisonment			
261.5: Sex with a minor			
262: Rape of a spouse			
273a: Assault on a child or child endangerment			
273d: Child Abuse			
273.5: Spousal Abuse			
290.5: Failure to register as a sex offender			
667.5: Imprisonment as a violent felon			

The responses provided above are complete and accurate, and I understand that a conviction of one or more of the offenses listed may preclude my employment or volunteer service in a capacity that supervises children.

Position applied for: \_\_\_\_\_

PRINTED Name: \_\_\_\_\_

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

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