



City of San Clemente Volunteer Program Code Compliance Volunteer Application

(Volunteer services on a regular or continuous basis)
(949)366-4705 | CodeCompliance@san-clemente.org

If you are interested in becoming an active volunteer, you must complete and submit a Volunteer Application. Once your application is complete, please submit it to the City employee in the Department that you are applying for volunteer service with.

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: (Day) _____ (Evening) _____ (Cell) _____

Email Address: _____

Occupation/Previous Occupation: _____

Special Skills/Talents/Languages: _____

Emergency Contact: _____ Phone: _____

Do you have a valid Driver's License? _____ Yes _____ No

Drivers License #: _____

Do you have transportation? _____ Yes _____ No

How did you become interested in the volunteer program? _____

Type of assignment(s) preferred: _____

Prior Volunteer Experience: _____

Other Applicable Experience: _____

Hours Available: Sun: _____ Mon: _____ Tues: _____
Wed: _____ Thurs: _____ Fri: _____ Sat: _____

Do you have any limitations related to health or physical activity? If so, please explain (do not provide medical information):

References: List 3 references, other than relatives, that have know you over 1 year.

Name: _____ Phone #: _____

Relationship: _____ Years of Acquaintance: _____

Name: _____ Phone #: _____

Relationship: _____ Years of Acquaintance: _____

Name: _____ Phone #: _____

Relationship: _____ Years of Acquaintance: _____

BY SIGNING BELOW

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I understand that any false statements in my application will subject me to disqualification.

I understand that I am applying to volunteer my services to the City and will not be an employee of the City, and that as a volunteer I will not be entitled to compensation of any kind. I am freely submitting this application because of my desire to volunteer my services without any payment.

I understand that before performing the duties of a volunteer with the City San Clemente, all paperwork must be submitted and approval must be given by Human Resources. I also understand that, based on my volunteer assignment, I am subject to a formal screening process, including but not limited to, background checks and fingerprinting, and cannot begin the volunteer position until cleared.

Having applied for volunteer assignment, I authorize the City to contact my references for information whether official, personal, character, or information from records.

I understand that the City of San Clemente reserves the right to use photos taken during events/projects for promotional purposes, including publishing in newsletters, brochures, and the City's website.

Applicant Signature: _____ Date: _____

Print Name: _____



City of San Clemente Volunteer Program Acknowledgement of Workers' Compensation

I hereby acknowledge that as a volunteer for the City of San Clemente (CITY) in the capacity of _____, I am not an employee of the CITY, but that I am covered under the CITY's workers' compensation plan since the CITY has adopted a resolution extending workers' compensation coverage to certain volunteers in specified categories pursuant to Labor Code Section 3363.5.

As a volunteer who is covered under the CITY's workers' compensation plan, I expressly agree and acknowledge that workers' compensation is my exclusive remedy for any injury suffered while performing said volunteer duties, and that I cannot and will not seek to bring any other claim or actions of any type whatsoever against the CITY, its employees, officers, agencies, other volunteers and officials.

Volunteer Name (*please print*)

Signature

Date