



City of Rialto

Volunteer Application

Human Resources
 Building Address: 246 S. Willow Avenue
 Mailing Address: 150 S. Palm Avenue
 Rialto, CA 92376
 T: (909) 820-2540 F: (909) 820-8028

Thank you for your interest in the City of Rialto's Volunteer Program. Knowing your skills, interests and availability will help us find the best assignment for you. Please complete this application as completely as possible.

As required by State law and City policy, all volunteers will be required to submit their fingerprints to the City of Rialto and receive clearance by the California State Department of Justice before the first day of the volunteer service.

Name: Last	First	Middle	Home Phone
Street Address, City, State and Zip Code			
E-mail Address	Cell Phone	Work Phone	

Driver's License#	Class	Expiration
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Are there any medical or physical conditions that may require special accommodations? Yes No
 If yes, please specify: _____

Are you currently working and/or volunteering for the City of Rialto? Yes No
 If "yes", what Department: _____

Have you worked and/or volunteered for the City of Rialto previously? Yes No
 If "yes", what Department: _____

Do you have any family members working for the City of Rialto? Yes No
 If "yes", what Department: _____

Education and Training

High School Graduate or Passed GED? Yes No – Currently Attending _____

Name and Location of College, University, Business Correspondence, Trade, or Service School(s)	Major Course of Study	Completed No. Of		Diploma, Certificate, or Degree Received, Number of Hours of Training, Program, or Course(s) Required by Job Announcement	Date Completed
		Semester Units	Quarter Units		

Related Work or Volunteer Experience

Experience: Please describe any relevant work or volunteer experience.

Organization Name	Address	Position Title	Dates of Employment

Volunteer Availability

Please indicated how often you are available to volunteer:

Once a week Twice a week
 Daily Other

TIME AVAILABLE							
	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
A.M.							
P.M.							

Emergency Contact and Reference Information

Emergency Contact Information

Person(s) to contact in case of Emergency	Relationship	Telephone
1.		
2.		

Personal/Work References

Name	Relationship/Association	Telephone
1.		
2.		
3.		

Conditions

I understand that I am providing volunteer service to the City of Rialto and as such am not entitled to compensation or benefits otherwise offered to employees of the City of Rialto. My services are offered freely, without direct or indirect pressure or coercion from any representative of the City. I understand that time volunteered will not be considered as hours worked under the Fair Labor Standards Act. I understand that upon termination of this volunteer service, I am not eligible for any unemployment insurance compensation.

I certify that all statements made in this Application are true and complete and I authorize investigation of all matters contained. I agree and understand that any misrepresentation or omission of a matter of fact may be justification for rejection of my application. I also authorize the employers, schools and persons named in this application to provide any additional information regarding my qualifications and character.

I understand that the volunteer position is outside of the City's Civil Service System and that I will be an at-will volunteer. I acknowledge that my services may be terminated without cause, at any time, at the will of the City of Rialto in its sole discretion. Further, I understand that I have no expectation of future employment with the City of Rialto.

Volunteer Signature: _____ **Date:** _____

City of Rialto

Volunteer Interest Form – Please select area of interest from the list below:

DEVELOPMENT SERVICES DEPARTMENT

Code Enforcement

FIRE DEPARTMENT

_____ Fire Explorer

_____ Firefighter Reserve

Fire Chaplin

RIALTO NETWORK (CHANNEL 3)

_____ Field/Studio Production

_____ Talent (hosting TV show/PSA's etc.)

Office

RECREATION

Special Events:

_____ National Night Out - August

_____ Halloween - October

_____ Holiday Parade - December

Senior Center:

_____ Cleaning/Maintenance

_____ Room Set-ups

_____ Customer Service/Administrative

Sports:

_____ Basketball

_____ T-Ball

_____ Soccer

_____ Administrative

Community Center:

_____ Cleaning/Maintenance

_____ Room Set-ups

_____ Administrative

Racquet & Fitness Center/Pool:

_____ Cleaning/Maintenance

_____ Fitness Training

Customer Service/Administrative

WASTE MANAGEMENT

OTHER AREA OF INTEREST?

Volunteer Name: _____

Volunteer Signature: _____ **Date:** _____



City of Rialto

AGREEMENT AND RELEASE REGARDING VOLUNTARY SERVICES

I, _____, hereby acknowledge that I have voluntarily applied to participate in performing certain services for the _____ department, City of Rialto. I am voluntarily participating in these activities with the knowledge that there is some risk that I may be injured in the course of performing these services. I have been advised that the City of Rialto policy is to cover volunteers as employees of the City for the purposes of Workers' Compensation Benefits. I also understand that under Workers' Compensation Laws, Workers' Compensation Benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services.

With the exception of Workers' Compensation Benefits as described above, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the City of Rialto, its officers, employees, or agents for injury or damage resulting from negligence, howsoever caused by any officer, employee, or agent of the City of Rialto as a result of my participation in this volunteer activity or service. In addition, I hereby release and discharge the City of Rialto, its officers, employees, or agents from all actions, claims and demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

Volunteer Signature: _____ **Date:** _____

Signature of Parent/Guardian if volunteer is a minor: _____

Witness Signature (City Employee): _____