



Dear Potential Volunteer:

Thank you for you interest in working as a volunteer with CitySERVE and the City of Santa Cruz. Once you have selected a volunteer opportunity/internship, please <u>complete</u> the attached paperwork to begin the placement process.

ase submit the following required documents:	
☐ Volunteer Application	
☐ Volunteer Agreement & Release of Liability	
☐ Volunteer Contract Agreement	
plemental Information:	
Fingerprinting Procedure (relevant only if you will be working with 'money, minors or	
confidential documents')	
CitySERVE Insurance Overview (a summary of the insurance coverage offered to all of	f the
City's volunteers while performing volunteer duties)	

You may email, fax or hand deliver the required documents. After receiving the documents, I will be in contact with you within the week to follow up regarding any openings with CitySERVE and the City of Santa Cruz Departments.

If you have any further questions please feel free to call or email.

Thank You, **Laurel Keeffe** CitySERVE Program Coordinator cityserve@cityofsantacruz.com

> CitySERVE Office 323 Church St. Santa Cruz, CA. 95060

CitySERVE: (831) 420-5403 Fax 420-5271

VOLUNTEER APPLICATION CitySERVE Program City of Santa Cruz

Name:	Date:			
Home Address:	Phone:			
City and Zip Code:	Email:			
Date of Birth:	Age:			
Availability: Preferred Days (Please circle): Preferred Time of day: Length of commitment you seek: What are your goals for a volunteer p	M T W TH F SAT SUN Mornings Afternoon Evenings Less than 3 months 3-6 months 6-12 months As long as needed			
	t school are you attending? High school: Major:			
Do you have Community Service Hours assigned by the Court? Are you currently on bail or your own recognizance pending trial for a criminal offense? Have you been convicted, as an adult, of a crime under your name or another name? Yes No If you answered yes to any questions above, please provide details (offense, when, where and disposition of the case. Conviction of a crime is not necessarily a bar to volunteering. Each case will be considered separately based on volunteer positions.				
Are you, or have you been a employee of the	City of Santa Cruz? Yes No If yes, with what department?			
	Relationship:			
	Home phone:			
I hereby certify that all statements made in this application are true, and I authorize investigation of all matters contained in this interest form. I am aware that fingerprinting is required for all volunteer assignments related to children and in certain other departments. I understand that this is a non-paid position with no promise, expressed or implied, of consideration for future employment.				
Signature of Applicant: X	Date:			
Signature of Parent/Guardian: X	Date:			
(If Applicant is under the age of 18)				
Please return to: 323 Church St. Santa Cruz, CA 95060 Phone: (831) 420-5403 Fax: (831) 420-5271				
The following information is <u>voluntary</u> and it will help our program evaluate its recruitment practices and compile required statistical reports. The information will not be used to discriminate against or give preference to any individual in any volunteer position. Thank you for your cooperation.				
1. How did you hear about this pr	gram? Newspaper Website Flier Other:			
 3. Gender:	aucasian/White Native American/Alaskan Native African American/Black Sian / Pacific Islander Latino/Hispanic Decline to State Iale Female VIP email's regarding upcoming/on-going volunteer opportunities! YES NO ent(s): Please list priority departments/projects of interest:			
6. III	IIIIV			



RELEASE OF LIABILITY & VOLUNTEER AGREEMENT

CitySERVE is a volunteer program created by the Volunteer Center of Santa Cruz County ("Volunteer Center") and the City of Santa Cruz ("City") in order to provide volunteer opportunities to the community while improving the City. Participation with CitySERVE is strictly voluntary and bound by the terms of this Agreement. No person may volunteer with CitySERVE prior to CitySERVE's receipt of this completed Agreement.

prior to CitySERVE's receipt of this completed Agreement. By signing this Agreement I, _____ _____, acknowledge that I am not an employee of the City Department in which I am applying to volunteer or the Volunteer Center and that my performance of voluntary services will be uncompensated. I agree to cooperate with my volunteer supervisor and adhere to the policies of the CitySERVE program at all times in the performance of my volunteer services. I agree that I will not use power equipment, or stand on any object taller than two (2) feet tall, or otherwise engage in dangerous activities while volunteering with CitySERVE. I will not drive any City automobile in connection with my volunteer services. I hereby agree to release and hold harmless the City, its officers, agents, employees, and volunteers for any claim for personal injuries and damage to property that I, or anyone claiming under me or on my behalf, may incur arising out of or in any manner related to the performance of my voluntary services or participation with CitySERVE. I further agree to indemnify, hold harmless and defend the City, its officers, agents, employees, and volunteers from any and all claims, demands, actions, judgments, costs, attorney's fees and damages of any kind for liability which the City may incur arising out of or in any manner related to the performance of my voluntary services or participation with CitySERVE. While participating as a volunteer with CitySERVE, I hereby authorize the taking of my picture, by photograph, movie, or videotape or otherwise ("pictures") for use by the CitySERVE program. I herby irrevocably consent to and authorize the use and reproduction of such pictures for use by CitySERVE without compensation. As a CitySERVE volunteer, you are covered by the Volunteer Center's Volunteer accident and personal injury insurance should you be injured while volunteering in assigned duties that are consistent with the safety rules outlined in this agreement. Please report any injuries immediately to your supervisor, or call the CitySERVE office at 420-5403 Name: _____ CS Department/Project/Event: ____ Address: _____ City & Zip: ____ Telephone: ______ Email: _____ Emergency Contact: _____ Emergency Telephone: _____ Signature: Date:

IF VOLUNTEER IS UNDER 18, PARENT OR GUARDIAN MUST SIGN BELOW

I, ________, on behalf of my child, myself, and our representatives, do hereby consent to allow my child, _______, to participate as a volunteer with CitySERVE, subject to all of the terms and conditions above. I further expressly agree, on behalf of my child, myself, and our representatives, to all of the terms and conditions above, including but not limited to paragraphs 1, 2, 3 and 4.

Signature of Parent/Guardian: ______Date: _____

PLEASE RETURN TO:

CitySERVE: 323 Church St., Santa Cruz, CA 95060

Phone: (831) 420-5403 **Fax**: (831) 420-5271



VOLUNTEER CONTRACT AGREEMENT

Contract must be completed before volunteer begins assignment!!

Volunteer Name:	Phone Number:
Volunteer Supervisor:	Phone Number:
Department/Division:	Address/Rm:
Project Title:	Volunteer Title:
	y injuries occurring while the vol. is on assignment any problems during the contract period
, ,	RESPONSIBILITIES
 Log in volunteer hours on timesheets provided *Report volunteer hours to the CitySERVE program Arrive to assignment on time; inform supervisor if you Fulfill time commitment, as listed below Contact CitySERVE program coordinator regarding *Inform supervisor of any injury occurring while on the contact CitySERVE program coordinator when (or 	coordinator each month ou will be late or absent gany problems during the contract period volunteer assignment
WORK SCHEDULE: Start Date: End Date	e: Estimated Hours Per Month:
I understand that as a CitySERVE volunteer I am covered wham not covered under the City of Santa Cruz's Worker's Comprovided by CitySERVE is excess insurance secondary to my understand and agree to the responsibilities expected of me w	existing insurance, should I have insurance. Furthermore, I
Volunteer Signature :	Date:
I understand and agree to the responsibilities expected of me covered under volunteer insurance purchased by the Voluntee	*

PLEASE RETURN TO:

_____ Date: ___

Volunteer Supervisor Signature: ____

CitySERVE: 323 Church St., Santa Cruz, CA 95060

Phone: (831) 420-5403 **Fax**: (831) 420-5271



VOLUNTEER INSURANCE INFORMATION

While the CitySERVE Program has an excellent safety record for its volunteer programs, it is important for you to understand the types of volunteer insurance you are covered under as a CitySERVE volunteer.

Each volunteer is eligible for three kinds of insurance. These policies provide coverage for you while participating in volunteer activities as a CitySERVE volunteer.

The insurance policy certificates are held by the Volunteer Centers of Santa Cruz County. This is not a substitute for any insurance you may now carry, and only applies while you are performing your assignment as a volunteer in the program and while on your way to and from your volunteer site. Complete information regarding volunteer insurance is available from the CitySERVE office.

Accident Insurance:

Our volunteer insurance provides **excess medical coverage** up to \$25,000 per occurrence over and above any other existing insurance. This excess medical coverage is meant to insure that you, as a volunteer, do not have any out of pocket expense due to a volunteer related injury. Our insurance works with your insurance to cover any deductibles or co-pays so that you do not experience out of pocket expense. If you do not have any other insurance, our insurance becomes primary for volunteer related injuries.

Liability Insurance:

All CitySERVE volunteers are provided with Personal Liability Insurance at a limit of \$1,000,000 per occurrence. This policy provides protection for a personal injury or property damage liability claim arising out of the performance of your volunteer duties. This coverage is in excess and non-contributing with any other valid or collective insurance you may have. This policy excludes injury or damage arising out of the use of an automobile. It also excludes errors or omissions in connection with the registered volunteer's professional services.

Excess Automobile Liability Insurance

** You are not automatically covered for auto insurance – to be covered you must fill out a separate auto insurance form**

This coverage protects the registered volunteer driver, while driving their personal vehicle, for bodily injury or property damage claims arising out of their volunteer activities. This policy does not apply to volunteers who are driving City owned vehicles. The liability policy is written at a combined single limit as respects bodily injury and property damage of \$500,000 each accident. This policy excludes property damage to property owned or transported by the registered volunteer driver, or in their care, custody or control.

CITY OF SANTA CRUZ NEW EMPLOYEE FINGERPRINT PROCESS

All newly hired regular employees <u>must</u> be fingerprinted prior to their first day of work with the City of Santa Cruz. Fingerprints are taken, via the computerized Live Scan System.

FOLLOW THE STEPS LISTED BELOW TO COMPLETE THE FINGERPRINT PROCESS:

- When you complete your new hire paperwork at the Human Resources Department, 809 Center Street, Room 6, Santa Cruz you will be given a "Request for Live Scan Service" form.
- Complete this form as indicated by the Human Resources staff.
- Take a picture I.D. (Driver's License, DMV identification card or Passport), the completed "Request for Live Scan Service" form, and Authorization form with you to:

FINGER-PRINTING LOCATION	ADDRESS	BUSINESS HOURS
Santa Cruz County Office of Education	400 Encinal Street Santa Cruz, CA 95060 466-5750	Monday-Friday, 8:30 - 11:30 ONLY Only by appointment
Santa Cruz Live Scan Conor Carey Certified Mobile Live Scan Service	info@SantaCruzLiveScan.com Cruzio 877 Cedar Street Santa Cruz, CA 95060 (831) 621-5041	Monday – Friday 10:00 am – 3:00pm Walk-in- no appointment needed
UPS Store – Capitola Y28	1840 41 st Avenue, Ste 102 Capitola, CA 95010 (831) 462-5909	Monday – Friday 9:00 am – 5:30 pm Saturday 10:00 am – 4:00 pm Walk-in – no appointment needed
UPS Store – Watsonville NB1	1961 Main Street Watsonville, CA 95076 (831) 728-1919 store0993@theupsstore.com	Monday – Friday 9:00 am – 6:00 pm Saturday 10:00 am – 4:00 pm Walk-in – no appointment needed

All Live Scan Fingerprinting fees are paid by the City of Santa Cruz

- The agency that fingerprints you will give you a copy of the "Request for Live Scan Service" form. **Bring this form back to the City of Santa Cruz Human Resources Department immediately after being fingerprinted**, as proof that you have completed the fingerprint process.
- The results of an individual's fingerprint check will typically be sent to the City of Santa Cruz Human Resources Department by the State Department of Justice within three to seven days of the date that you are fingerprinted.
- You will not be allowed to start work until the City receives your pre-employment fingerprint results. Your hiring supervisor will notify you when you are authorized to begin work.

FINGERPRINT PROCESS - HUMAN RESOURCES DEPARTMENT PROCEDURES

When a new employee comes to the Human Resources Department to swear in, s/he will be given a New Employee Fingerprint Process form and a Request for Live Scan Service - Applicant Submission form.

The new employee should complete the applicant's information section of the Request for Live Scan Service - Applicant Submission as part of the "Swear-In" process.

The Human Resources staff will check this form for completion and accuracy.

Instruct the new employee to read the New Employee Fingerprint Process form, then ask if there are any questions. Remind the new employee of his/her scheduled appointment. Write his/her appointment date and time on the New Employee Fingerprint Process form.

Instruct the new employee to take the Request for Live Scan Service - Applicant Submission form to a specified fingerprinting agency (location where the HR Staff has scheduled their appointment), the employee must then bring back a copy of the NCR form to the Human Resources Department immediately after being fingerprinted. For new employees going to Santa Cruz County Sheriff-Coroner for Live Scan fingerprinting, they must take a special "authorization form." This "authorization form" will be given to the employee by the Human Resources staff.

Remind the new employee that it is very important that s/he keep their fingerprint appointment as scheduled because it takes up to ten days to get fingerprint results from the Department of Justice, and new employees will not be allowed to begin work until fingerprint results are received by the Human Resources Department.

Log the new employee's name, job title and activity number in the Fingerprint Log.