

**Dear Potential Volunteer:**

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

Please submit the following required documents:

- ☐ Volunteer Application
- ☐ Volunteer Agreement & Release of Liability
- ☐ Volunteer Contract Agreement

Supplemental 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 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,

**Johnny Shamoun**

CitySERVE Program Coordinator

jshamoun@scvolunteercenter.org

CitySERVE Office  
809 Center St. Rm 6  
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: \_\_\_\_\_

Availability: \_\_\_\_\_ Hours per day \_\_\_\_\_ Days per week  
Preferred Days (Please circle): M T W TH F SAT SUN  
Preferred Time of day: ☐ Mornings ☐ Afternoon ☐ Evenings  
Length of commitment you seek: ☐ Less than 3 months ☐ 3-6 months  
☐ 6-12 months ☐ As long as needed

What are your goals for a volunteer position right now?

Are you currently a student? If so, what school are you attending?

☐ Elementary/Jr. High: \_\_\_\_\_ High school: \_\_\_\_\_  
☐ College: \_\_\_\_\_ Major: \_\_\_\_\_

Do you have Community Service Hours assigned by the Court?

☐ Yes ☐ No

Are you over the age of 18?

Yes No

Are you, or have you been a employee of the City of Santa Cruz? ☐ Yes ☐ No If yes, with what department? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Work phone: \_\_\_\_\_ 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: 809 Center St. Santa Cruz, CA 95060  
Or email: [jshamoun@scvolunteercenter.org](mailto:jshamoun@scvolunteercenter.org)**

The following information is voluntary 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.

- How did you hear about this program? ☐ Newspaper ☐ Website ☐ Flier ☐ Other: \_\_\_\_\_
- Ethnic Origin: ☐ Caucasian/White ☐ Native American/Alaskan Native ☐ African American/Black  
☐ Asian / Pacific Islander ☐ Latino/Hispanic ☐ Decline to State
- Gender: ☐ Male ☐ Female
- Sign-Up to receive CitySERVE/VIP email's regarding upcoming/on-going volunteer opportunities! ☐ YES ☐ NO
- County/City of Santa Cruz Department(s): Please list priority departments/projects of interest:
- I. \_\_\_\_\_ II. \_\_\_\_\_ III. \_\_\_\_\_ IV. \_\_\_\_\_



**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.

1. 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.
2. 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.
3. 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 hereby irrevocably consent to and authorize the use and reproduction of such pictures for use by CitySERVE without compensation.
4. 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: 809 Center St., Santa Cruz, CA 95060  
Return by email: [jshamoun@scvolunteercenter.org](mailto:jshamoun@scvolunteercenter.org)  
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:** \_\_\_\_\_

### **VOLUNTEER SUPERVISOR RESPONSIBILITIES**

- Complete any legal requirements (fingerprinting, background etc.) before volunteer begins assignment (fingerprinting needs to be arranged through CitySERVE).
- Provide initial and ongoing training and supervision
- \* Complete contract with volunteer and return to CitySERVE program coordinator
- \*Inform the CitySERVE program coordinator of any injuries occurring while the vol. is on assignment
- Contact CitySERVE program coordinator regarding any problems during the contract period
- \*Inform CitySERVE program coordinator if volunteer vacates position

### **VOLUNTEER RESPONSIBILITIES**

- Log in volunteer hours on timesheets provided
- \*Report volunteer hours to the CitySERVE program coordinator each month
- Arrive to assignment on time; inform supervisor if you will be late or absent
- Fulfill time commitment, as listed below
- Contact CitySERVE program coordinator regarding any problems during the contract period
- \*Inform supervisor of any injury occurring while on volunteer assignment
- \*Contact CitySERVE program coordinator when (or before) leaving position

**WORK SCHEDULE:**    **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Estimated Hours Per Month:** \_\_\_\_\_

I understand that as a CitySERVE volunteer I am covered while volunteering under CitySERVE's Volunteer Insurance, and am not covered under the City of Santa Cruz's Worker's Compensation policy. I further understand that the insurance provided by CitySERVE is excess insurance secondary to my existing insurance, should I have insurance. Furthermore, I understand and agree to the responsibilities expected of me while volunteering.

**Volunteer Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand and agree to the responsibilities expected of me as a volunteer supervisor and understand that volunteers are covered under volunteer insurance purchased by the Volunteer Center.

**Volunteer Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **PLEASE RETURN TO:**

**CitySERVE:** 809 Center St., Santa Cruz, CA 95060

**Return by email:** [jshamoun@scvolunteercenter.org](mailto:jshamoun@scvolunteercenter.org)

**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.