

Last Name _____ First Name _____

Home Phone _____ Cell Phone _____

Address (street/mailling) _____

City _____ State _____ Zip _____

E-mail address: _____ Occupation _____

Current Employer Address _____

Education Level

- High School/GED
- Two year College
- 4 Year College
- Other
- Vocational School

Time/ Days available _____

What Department or Job are you interested in volunteering for? _____

Please describe any special skills or interests

EMERGENCY CONTACT INFORMATION

Last Name _____ First Name _____

Address (street/mailling) _____ Home Phone _____

City _____ State _____ Zip _____ Cell Phone _____

Relationship _____ Work Phone _____

VOLUNTEER INTAKE FORM

Last Name _____

First Name _____

Are you a licensed Driver over the
age of 18? Yes/No _____

Classification (A / B / C)
(Class C is the standard
license classification) _____

If my volunteer duties require
me to drive my own personal
car, I can provide proof of
automotive insurance .

I hereby certify that all statements made in this application and attached resume if included, are true. I understand that any misstatement, misrepresentation, material omission or falsification of facts shall cause forfeiture of all rights to volunteer service with the City of Davis. I understand that all information on this application is subject to verification.

I agree to abide by and comply with all rules, regulations, policies and practices of City of Davis. I understand that my volunteer service with the City is at-will, that I have the right to terminate my volunteer service at any time with or without cause, and that the City has the same right. I understand that as a volunteer, I have no job status and no right to employment. I understand that no representative of this employer has any authority to enter into any agreement with me contrary to the policies and practices of the City of Davis. I further understand and agree that I will not receive nor will the CITY provide to me any other benefits which may be available to paid employees, including, but not limited to, health or life insurance, paid vacation, sick leave, or retirement benefits.

I realize that certain areas of governmental business may involve information or documentation which is confidential or which is exempt from public disclosure. I agree, that should I ever receive or otherwise become privy to said information or documentation, that I shall maintain the same in a confidential manner and that I shall not disclose the whole or any segment thereof to any other person or entity.

I understand that as while I am working as a volunteer for the City I am covered under the City's Worker's Compensation Program in the same manner as employees, and have received the Notice of the City's Medical Provider Network (MPN).

I certify that I am of sound mind, and that I have reached at least my eighteenth (18) birthday preceding the execution of this Letter of Understanding or if under eighteen (18) my parent/guardian has approved my volunteer service as evidenced by their signature below.

I certify that I am physically fit to be able to perform the work assigned. If unable to perform a particular assignment due to any limitations, I will immediately notify the volunteer supervisor to discuss any accommodations that may be necessary.

Signature _____	Date: _____
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Parent's signature (if under 18 years of age): _____	Date: _____
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