

**CITY OF MANHATTAN BEACH
VOLUNTEER APPLICATION**

All information on this form is confidential and will be used to complete a background investigation through the Police Department in concurrence with the same procedures used for City employees.

Name: Mr./Ms. _____ Date: _____
 First M.I. Last

Address: _____
 Street City

_____ E-mail: _____
State Zip Code

Home Phone: _____ Work Phone: _____

Fax Number (if any): _____ Education: 6 -12 ____ Years Completed

Date of Birth: _____ College: 1, 2, 3, 4, 5, 6 + ____ Degree(s): _____

How did you hear about our program? _____

Why do you want to volunteer? (Examples: new/improve skills, meet people, school credit, career exploration, improve quality of life, etc.) _____

Describe any limitations on the volunteer work you can perform. (Examples: no heavy lifting, low stress, transportation difficulties, etc.) _____

Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No

Employment Category: (Please check as many as apply.)

- ____ Employed Full-time ____ Employed Part-time ____ Temporarily
Unemployed/Disabled
- ____ Full-time Student ____ Part-time student
- ____ Homemaker ____ Retired ____ Actively
Seeking Employment

Employer or School:

Name: _____

Address: _____

Job Title or Major/School Year: _____

Previous Employment Experience: _____

Volunteer/Community experience: _____

Special skills, interests, licenses, hobbies: _____

Type of volunteer work desired: _____

I prefer: _____ Regular weekly _____ Short-term projects _____ Weekends/Evenings
_____ On-call assignments only _____ Open-ended projects

Time Available for Volunteer Work:

_____ Hours per day (check preferred days): M TU W TH F SA SU

_____ Times per week/month I prefer: _____ Morning _____ Afternoon _____ Evening

Length of Commitment You Agree To: _____ Up to 3 Months _____ 3 Months or More

In Case of Emergency:

Whom Should We Notify? _____
Name Relationship to Applicant

Home Phone: _____ Work Phone: _____

Physician's Name: _____ Phone: _____

Any medical history that we should be aware of in case of emergency? (Allergies, medications, etc.) _____

Participation Agreement:

In return for orientation, training, supervision, and evaluation of my volunteer efforts, I agree to:

- _____ take my volunteer commitment seriously and work in a professional manner;
- _____ keep my agreed upon schedule, which includes being punctual, notifying my supervisor in the event of illness, delay, unavoidable absence, or the need to discontinue my assignment prior to its completion;
- _____ respect the confidentiality of all materials with which I come into contact.
- _____ waive all copyright or intellectual property rights I might have regarding work done for the City while I am volunteering and agree that for purposes of copyright law (including Civil Code section 982) any original or design work that I do as a volunteer is a work made for hire and that the City retains all copyright rights under both statutory and common law including, but not limited to, the right of reproduction.
- _____ waives all rights and benefits that may be afforded me by Civil Code sections 987, 988 and 989 and agrees that removal of any Artwork I create and its possible destruction by virtue of alterations to the structures and real property upon which it is located shall be solely at the discretion of the City.

Signature: _____ Date: _____

Typing your name above serves as your electronic signature.

CITY OF MANHATTAN BEACH

VOLUNTEER SERVICE AGREEMENT, WAIVER AND RELEASE

I hereby acknowledge that I have voluntarily requested and agree to perform volunteer service for the City of Manhattan Beach. All services to the City are provided on a voluntary, non-salaried basis, and I shall not be considered an employee of the City of any purpose. No employee benefits shall be available to me, my heirs, or assigns in connection with the performance of my volunteer service to the City.

I am aware that my activity volunteering for the City may involve hazardous activities. I hereby agree for myself, my heirs, and assigns, to release and hold harmless the City, [the Police/Fire Department,] and their officers, directors, agents, employees, and volunteers, from any and all liability for any and all known or unknown causes and claims of every type and nature whatsoever, including but not limited to property damage, injury to person and/or death, or otherwise, arising out of, or connected in any way with, my volunteer service for the City, if such liability arises out of recklessness, negligence, carelessness, or inaction on my part, except for such loss or damage arising from the sole negligence or willful misconduct of the City, [the Police/Fire Department,] their officers, directors, agents, employees, or volunteers.

Further, I expressly agree to indemnify and hold harmless the City, [the Police/Fire Department,] and their officers, directors, agents, employees, and volunteers, from any and all liability, including attorneys' fees and costs, arising out of or connected with my volunteer activity, except for such loss or damage arising from the sole negligence or willful misconduct of the City, [the Police/Fire Department,] their officers, directors, agents, employees, or volunteers. This agreement is binding upon my executors, heirs and assigns.

I further consent and grant the City the right, without fees, to make and use video tape recordings and still photographs of me, my minor children, and/or dependents, in any manner or form for any lawful purpose at any time. I waive any right that I may have to review or approve the finished product, or the use to which it may be applied, and hereby release and discharge the City, and any City employees, officers, agents, and volunteers from any liability to me, my children and/or dependents by virtue of any representation that may occur in making, editing or use of said video tape recordings and still photography.

In the event that suit is brought upon this agreement to enforce its terms, the prevailing party shall be entitled to recover all of its legal fees. I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND SIGN IT OF MY OWN FREE WILL.

Volunteer Signature

Typing your name above serves as your electronic signature.

Date

This Page To Be Completed ONLY if Volunteer Is a MINOR:

_____ has my permission to serve as a volunteer for the City of Manhattan Beach. On behalf of my child, I acknowledge all of the provisions of the agreement and release on the prior page as applied to my child.

In case of emergency, I can be reached at () _____ during the day or at () _____ on evenings or weekends. If I am unavailable, my designee is _____, relation: _____, day phone: () _____, evenings/weekends: () _____

Signature of Parent or Guardian: _____ **Date:** _____

Typing your name above serves as your electronic signature.

*City of Manhattan Beach Volunteer Program, 1400 Highland Ave., Manhattan Beach, CA 90266
Attention: Eve Kelso Tel: (310) 802-5407; Fax: (310) 802-5459; TDD: (310) 546-3501*

Eve Kelso, Volunteer Manager