



City of Pacific Grove
 300 Forest Avenue
 Pacific Grove, CA 93950

Volunteer Application and Agreement

Volunteer Position(s) Applying For: _____

Date: _____

Are you applying as an:

Individual (name) _____ Female/Male
 Please Circle One

Group (please list group name) _____

Main Contact for Group: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____ Date of Birth: ___/___/___

Emergency Contact _____ Phone: _____

Are you currently a student?

_____ No

_____ Yes (circle one) Middle School High School College

School Name: _____

When are you available to volunteer?

<u>Check all that apply</u>	<u>Hours Available</u>	<u>Exceptions (1st Monday of month, etc.)</u>
_____ Monday	_____ p.m. _____ a.m.	_____
_____ Tuesday	_____ p.m. _____ a.m.	_____
_____ Wednesday	_____ p.m. _____ a.m.	_____
_____ Thursday	_____ p.m. _____ a.m.	_____
_____ Friday	_____ p.m. _____ a.m.	_____
_____ Saturday	_____ p.m. _____ a.m.	_____

____ Sunday _____ p.m. _____ a.m. _____
Frequency of volunteer availability (please check all that apply and include any explanation if necessary):

____ Weekly _____

____ Semi-weekly _____

____ Monthly _____

____ Annually _____

____ Seasonal _____

____ On-Call _____

____ One-time _____

____ Other _____

Reason for volunteering (check all that apply):

____ Contribute to the community

____ Enhance college application

____ Enhance resume

____ Meet new people

____ Renew job skills

____ Learn new skills

____ Service club project

____ Community service for school (____ hours per ____)

____ Court mandated (# of hours ____: to be completed by ____/____/____)

All Volunteers Must Complete This Section
VOLUNTEER AGREEMENT

I _____, choose to participate in the _____, as a volunteer and understand that my services are donated to the City of Pacific Grove (City) without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons. I understand that I am covered under the City's workers' compensation insurance in the event of an injury from rendering a volunteer service. I will report any injury or incident to my supervisor immediately. I agree to abide by any rules and directions provided by those helping to administer _____.

Signature of Participant: _____ Date: _____

IF VOLUNTEER IS A MINOR, THEY MUST COMPLETE THE NEXT PAGE

All Volunteers Under 18 Years of Age Must Have Parent or Legal Guardian Complete This Section

**CONSENT OF PARENT OR LEGAL GUARDIAN FOR
MINOR'S PARTICIPATION AS A VOLUNTEER**

I, _____, the parent or legal guardian of _____
choose to permit him/her to participate in the _____ as a volunteer. I
understand that my child's/ward's services are being offered on a voluntary basis without anticipation of any
financial remuneration. I agree that he/she will abide by any rules and direction provided by those helping to
administer _____. I understand that my
child/ward is covered under the City's workers' compensation insurance in the event of an injury from rendering a
volunteer service. He/She will report any injury or incident to his/her supervisor immediately.
Signature of Parent/Guardian : _____ Date: _____

**CONSENT OF PARENT OR LEGAL GUARDIAN TO
MEDICAL, DENTAL, OR HOSPITAL CARE OF MINOR VOLUNTEER**

I, _____ the parent or legal guardian of _____,
a minor, whose birthdate is _____, authorize medical, dental, surgical or hospital care,
treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis,
treatment, or care rendered to or for said minor for non-industrial injuries.
Signature of Parent/Guardian: _____ Date: _____

**CONSENT OF PARENT OR LEGAL GUARDIAN TO USE OF
IMAGE OF MINOR VOLUNTEER IN PUBLIC RELATIONS**

Photos, videos of _____, my child/ward, may be used in City of Pacific Grove
Public Relations.
Signature of Parent/Guardian: _____ Date: _____

Please return completed form to:
Volunteer Program Coordinator
City of Pacific Grove
300 Forest Avenue
Pacific Grove, CA 93950
(831) 648-3109