

City of Santa Clara
VOLUNTEER REGISTRATION FORM



Community Service Hours (please check if your hours are to be tracked for Community Service)

VOLUNTEER: Please fill out top portion of form.

Name: _____ Date: _____

Home Address: _____ Home Phone: _____

City and Zip: _____ Bus. Phone: _____

Special Skills or Training: _____

Interests or Hobbies: _____

What are your goals in volunteering? _____

Time you would be available to volunteer: Days: _____ Hours: _____

Duration of volunteer duty: _____

I agree to waive any claims, which I may have against the City arising out of this work. As a volunteer, I agree to hold and save harmless the City of Santa Clara, its City Council, officers, employees, agents and assigns (hereinafter collectively "City") from any claim for injury arising out of or in any way connected with the above named activity. The City shall not be held responsible in case of accident.

Volunteer's Signature: _____ Date: _____

Parental Release (if volunteer is under 18)

Parent's or Guardian's signature: _____ Date: _____

Address: _____ City: _____ Phone: _____

If you have any questions about the volunteer program, contact Administrative Analyst Pam Morrison at (408) 615-2219

Department/Division Head: Please fill out lower section of form.

In order for the volunteer to be covered by Workers' Compensation, the following information must be provided:

Which days and hours will the volunteer work? _____

When will the volunteer's assignment begin and end? _____

In which department and location will the volunteer work? _____

Who will be the volunteer's supervisor? _____

Department Head's signature: _____

Note: Volunteers are not to drive a City or personal vehicle as part of their volunteer assignments unless authorized to do so, in writing, by the City Manager.

I approve of the above applicant serving as a volunteer for the City of Santa Clara

Jennifer Sparacino (or Designee)
City Manager





CITY OF SANTA CLARA VOLUNTEER COMMITMENT



Last Name First Department Job Description

The City of Santa Clara is committed to provide the following:

- Orientation to the City and training on the job as required.
- Supervision and direction, with a job description clearly defined.
- Worker’s Compensation benefits in case of job-related injury.
- An environment in which a volunteer is treated as valued asset and receives the same work standard as paid staff.
- Volunteers will supplement paid staff not replace them.
- A reference letter, upon request, following successful completion of the volunteer assignment.

As a volunteer for the City of Santa Clara, I commit to do the following:

- Begin working on _____ and finish my assignment on _____
- Work on the following days and for the following hours per week: _____
- Notify my supervisor as soon as possible if I am ill or otherwise unable to work as scheduled.
- Notify my supervisor immediately if I experience job-related injury or illness.
- Record my daily hours on the department’s time sheet.
- Comply with City policies and procedures, including respecting the confidentiality of sensitive information

Volunteer’s signature

Date

Parent’s signature if volunteer is a minor

Supervisor’s signature

We are so pleased that you have agreed to volunteer your time and talents!