



Date Received _____
Initials _____

**CITY OF MONTCLAIR HUMAN SERVICES DEPARTMENT
ADULT VOLUNTEER APPLICATION
*CONFIDENTIAL***

DOB: _____

M F

LAST NAME FIRST MI

ADDRESS CITY STATE ZIP

HOME PHONE # CELL PHONE # E-MAIL ADDRESS

EMERGENCY CONTACT NAME _____ PHONE # _____

Do you have any medical or physical conditions that may require special accommodations? Yes No
If yes, please specify: _____

Are you bilingual? Yes No If yes, what language? _____ Written Oral

Days Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times Available							

Amount of Hours Needed (If Applicable) _____

Available Start Date/End Date _____



VOLUNTEER STATEMENT OF UNDERSTANDING

I, _____, hereby desire to participate in the City of Montclair Human Services Department programs and activities, wherein I will be performing voluntary service for residents of the City of Montclair. I understand that I will receive no payment or other remuneration for my time and service in this program. I further understand and agree as follows: I am not an employee of the City of Montclair; I have no right to make a claim under the Workers' Compensation laws of California for any injury sustained in performing such voluntary service; I, along with my family, guardians, assignees, or legal representatives, will not make a claim for injury or damages resulting from negligence or other acts, howsoever caused, by any employee, agent, or contractor of the City of Montclair, as a result of my participation in this program; and I hereby release the City of Montclair, its employees, agents, and representatives, from all liabilities, claims, and causes of action that I, my family, guardians, assignees, or legal representatives, have now or may hereafter have, for injury or damage resulting from my participation in these activities. I understand that my participation in the City of Montclair programs and activities may result in my photo being taken and I consent to the use of it for City publications and advertisements.

SIGNATURE

DATE

Type of Placement Preferred

Youth Basketball Coach Scorekeeper/Timer Gym Monitor
(Fingerprinting Required)

Adult Basketball/Volleyball Scorekeeper/Timer Gym Monitor

Senior Programs Nutrition Program Helper Office/Admin
(Fingerprinting Required for Certain Placements) Senior Center Front Desk Special Events

Healthy Montclair Community Garden/Fruit Park Office/Admin
(Healthy Lifestyle Programs)

Community Programs Monthly Food Distribution

Medical Clinic Office/Admin

Special Events General Assistance

Montclair to College Office/Admin Special Events/Program Education
(Fingerprinting Required for Certain Placements)

Other Areas of Interest: _____

Please briefly describe why you are interested in volunteering with the City of Montclair:

Specialized Skills/Training:

Experience: Please describe any relevant work or volunteer experience

Convictions: Other than minor traffic violation or a possession of marijuana conviction which precedes the date of this application by at least two years, have you ever been convicted of a criminal offense? If “yes”, please explain below. (Convictions will be evaluated for each position and are not necessarily disqualifying; however, not truthfully identifying a conviction is grounds for disqualification.)

Yes No

References (*Optional, but encouraged*)

<u>Name</u>	<u>Phone</u>	<u>Email</u>	<u>Relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____

Please return completed application in person or through mail:

Volunteer Coordinator | Human Services Department | 5111 Benito Street, Montclair, CA 91763

Questions? Contact us!

qfields@cityofmontclair.org | (909) 625 - 9486