



**City of Hayward**  
**Adult Volunteer Application - Background Questionnaire - Volunteer Commitments**  
**APPLICATION**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Street

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

**1. Please select the City program(s) that interest you most:**

- Animal Services—Foster Care, Groomer, Office, Adoption Counselor
- Administration — City Hall Information Desk
- Library Services— Adult Literacy Tutoring, General Library Volunteer, Homework Help, Senior Outreach, Tutoring
- Police Department—Downtown Ambassador Program
- Police Department—Volunteers in Police Service (V.I.P.S.)
- Police Department—Police Reserves
- Public Works (including Hayward Community Festival)
- Special Events
- Other assignment: \_\_\_\_\_

**2. Do you have any special skills or related training that you are willing to share or that might help in a volunteer assignment?** (examples: computers, teaching, public contact, fluency in another language) \_\_\_\_\_

**3. What is your current employment status?**

- Employed full or part-time    Student    Retired    Working in home    Self-employed    Other: \_\_\_\_\_
- If employed, list occupation and employer: \_\_\_\_\_

**4. What is your highest level of education completed?**

- High school graduate    Some college    College graduate    Graduate degree

**5. Comments or other information you wish to share:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I am available to volunteer at the following times:

- Monday:** \_\_\_\_\_  
**Tuesday:** \_\_\_\_\_  
**Wednesday:** \_\_\_\_\_  
**Thursday:** \_\_\_\_\_  
**Friday:** \_\_\_\_\_  
**Saturday:** \_\_\_\_\_  
**Sunday:** \_\_\_\_\_

Start Date: \_\_\_\_\_

**Medical Treatment Authorization**

In case of medical emergency where I am not able to authorize medical treatment for myself, I hereby expressly give my permission to the activity supervisors to contact 9-1-1 for whatever reasonable medical care is necessary and for which I hold the City harmless.

**Contact Name and address:**

\_\_\_\_\_  
 \_\_\_\_\_

**Home and cell phone numbers:**

\_\_\_\_\_  
 \_\_\_\_\_

**Work phone:** \_\_\_\_\_

\_\_\_\_\_

**How did you learn about our volunteer opportunities?**

- Friend/relative    Internet  
 Newspaper    School  
 TV    Volunteer Office  
 City Web Site  
 Other: \_\_\_\_\_

**Approved:**

Date: \_\_\_\_\_ Department Head (or designee) \_\_\_\_\_  
 \_\_\_\_\_  
 Signature

**Original:** City Department   **Copy 1:** Human Resources   **Copy 2:** Volunteer Coordinator   **Copy 3:** Volunteer

## City of Hayward - Adult Volunteer - Background Questionnaire

1. Have you ever been convicted of any crime? Yes No

If yes, please describe the crime for which you were convicted, the date of conviction and the jurisdiction in which you were convicted:

2. Are you currently released on bail or on your own recognizance for any crime? Yes No

If yes, please describe the crime for which you are on bail, the jurisdiction where it occurred, and if convicted, the conviction.

### Volunteer Agreement

1. In consideration of the City's authorization to allow me to participate as a volunteer in the activity(ies) listed above, I hereby agree and acknowledge:

a. That the City of Hayward, its officers, employees, agents, volunteers, and sureties, and each of them shall not be responsible or liable for any wrongful death, personal injury, or damage or loss of property incurred by me while participating in the activity(ies), whether the same shall arise by the negligence or omission of any said persons, or otherwise.

b. That it is my express intention, by this instrument, to exempt and relieve the City of Hayward, its officers, employees, agents, volunteers and sureties from liability for personal injury, property damage, or wrongful death caused by my negligence.

c. That for myself and any and all heirs, executors, administrators and assigns, I hereby release the City of Hayward, its officials, officers, directors, employees, agents, volunteers, and sureties, and each of them, and agree to defend, indemnify, and hold the City of Hayward, its officials, officers, directors, employees, agents, volunteers, and sureties, and each of them, harmless from and against any and all loss, liability, damage, including but not limited to, reasonable attorney's fees, consultant and expert fees and/or court costs, directly or indirectly arising out of or in connection with my participation in any activity(ies) as a volunteer.

d. That for myself, I hereby waive application of California Civil Code Section 1542. I certify that I have read the following provisions of California Civil Code Section 1542:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

I understand and acknowledge that the significance and consequence of this waiver of California Civil Code Section 1542 is that even if I should eventually suffer additional damages arising out of my participation as a volunteer for the City, I will be unable to make any claim for those damages. Furthermore, I acknowledge that I intend these consequences even as to claims for damages that may exist as of the date of this release but which I do not know exist, and which, if known, would materially affect my decision to execute this release, regardless of whether the lack of knowledge is the result of ignorance, oversight, error, negligence, or any other cause.

2. I give the City of Hayward and any other media sources my full permission to use my name and/or pictures, or voice recordings, for any publicity and/or promotional purposes without obligation or liability to me.

3. I agree to be fingerprinted as part of the City of Hayward's volunteer application process, and I agree to allow the City to use my fingerprints to screen me for purposes of a criminal background check.

4. I have carefully read this entire document and understand its terms and their legal significance. This waiver, release and indemnification is freely and voluntarily given in return for allowing my participation as a volunteer in the activity(ies) listed above. My signature is intended not only to bind myself but all successors, heirs, representatives, administrators, and assigns that I may have. No oral representations, statements or inducements apart from this written agreement have been made.

5. I certify that all of the information provided in this application is true and correct. I agree that the City of Hayward can terminate my volunteer assignment at any time without cause and without notice.

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## City of Hayward - Adult Volunteer Commitments

**Volunteer Name:** \_\_\_\_\_

- I will perform only the duties of my volunteer assignment as required by my supervisor.
- I will always work with children in a location that is supervised by City of Hayward staff and will notify the supervisor if I am ever asked to work in an unsupervised setting. I will not socialize with the participating children outside of the City's program unless they are accompanied by their parent or guardian.
- I will not obtain phone numbers, e-mail addresses, or home addresses from program clients for personal use.
- I will follow City of Hayward rules and I will behave appropriately. I will support City of Hayward policies.
- I will maintain the confidentiality of the City's confidential information and I will not use such information for any personal use.
- I will be free of the influence of alcohol or illegal substances when volunteering.
- I will follow the appropriate dress/clothing guidelines.
- I will inform the supervisor of any changes in my address, phone numbers, or emergency contacts.
- I will inform the supervisor if I will be absent or when I stop volunteering.
- I will not bring any friends, family members or other unauthorized people to my volunteer assignment.
- I will attend any training required for my volunteer position, and I will volunteer at the required times in order to remain an active volunteer.
- I acknowledge that the City can dismiss me at any time as a volunteer without notice and without cause.

I understand and agree with the above commitments and policies.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For Volunteer Drivers Only

In the event you are required to use your vehicle as a volunteer for the City of Hayward, you must possess a valid California Driver's License and you must have vehicle insurance. As part of this application, your volunteer supervisor will indicate if you must provide the following information including a copy of your driver's license and proof of insurance.

**California Driver's License Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Vehicle Insurance Company/Policy Number:** \_\_\_\_\_